Heart of Birmingham NHS
Teaching Primary Care Trust

Aston University
Life & Health Sciences

Evaluation of the Heart of Birmingham teaching Primary Care Trust (HoBtPCT) *My Choice Weight Management Programme*

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FINAL REPORT

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Executive summary

This report details an evaluation of the *My Choice Weight Management Programme* undertaken by a research team from the School of Pharmacy at Aston University.

The *My Choice Weight Management Programme* is delivered through community pharmacies and general practitioners (GPs) contracted to provide services by the Heart of Birmingham teaching Primary Care Trust. It is designed to support individuals who are 'ready to change' by enabling the individual to work with a trained healthcare worker (for example, a healthcare assistant, practice nurse or pharmacy assistant) to develop a care plan designed to enable the individual to lose 5-10% of their current weight.

The Programme aims to reduce adult obesity levels; improve access to overweight and obesity management services in primary care; improve diet and nutrition; promote healthy weight and increased levels of physical activity in overweight or obese patients; and support patients to make lifestyle changes to enable them to lose weight.

The Programme is available for obese patients over 18 years old who have a Body Mass Index (BMI) greater than 30 kg/m^2 (greater than 25 kg/m^2 in Asian patients) or greater than 28 kg/m^2 (greater than 23.5 kg/m^2 in Asian patients) in patients with co-morbidities (diabetes, high blood pressure, cardiovascular disease). Each participant attends weekly consultations over a twelve session period (the final iteration of these weekly sessions is referred to as 'session twelve' in this report). They are then offered up to three follow up appointments for up to six months at two monthly intervals (the final of these follow ups, taking place at approximately nine months post recruitment, is referred to as 'session fifteen' in this report).

A review of the literature highlights the dearth of published research on the effectiveness of primary care- or community-based weight management interventions. This report may help to address this knowledge deficit.

A total of 451 individuals were recruited on to the *My Choice Weight Management Programme*. More participants were recruited at GP surgeries (n=268) than at community pharmacies (n=183). In total, 204 participants (GP n=102; pharmacy n=102) attended session twelve and 82 participants (GP n=22; pharmacy 60) attended session fifteen. The unique demographic characteristics of *My Choice Weight Management Programme* participants – participants were recruited from areas with high levels of socioeconomic deprivation and over four-fifths of participants were from Black and Minority Ethnic groups; populations which are traditionally underserved by healthcare interventions – make the achievements of the Programme particularly notable.

The mean weight loss at session 12 was 3.8 kg (equivalent to a reduction of 4.0% of initial weight) among GP surgery participants and 2.4 kg (2.8%) among pharmacy participants. At session 15 mean weight loss was 2.3 kg (2.2%) among GP surgery participants and 3.4 kg (4.0%) among pharmacy participants. The *My Choice Weight Management Programme* improved the general health status of participants between recruitment and session twelve as measured by the validated SF-12 questionnaire.

While cost data is presented in this report, it is unclear which provider type delivered the Programme more cost-effectively. Attendance rates on the Programme were consistently better among pharmacy participants than among GP participants. The opinions of programme participants (both those who attended regularly and those who failed to attend as expected) and programme

providers were explored via semi-structured interviews and, in the case of the participants, a self-completion postal questionnaire. These data suggest that the Programme was almost uniformly popular with both the deliverers of the Programme and participants on the Programme with 83% of questionnaire respondents indicating that they would be happy to recommend the Programme to other people looking to lose weight.

Our recommendations, based on the evidence provided in this report, include:

a. Any consideration of an extension to the study also giving comparable consideration to an extension of the Programme evaluation. The feasibility of assigning participants to a pharmacy provider or a GP provider via a central allocation system should also be examined. This would address imbalances in participant recruitment levels between provider type and allow for more accurate comparison of the effectiveness in the delivery of the Programme between GP surgeries and community pharmacies by increasing the homogeneity of participants at each type of site and increasing the number of Programme participants overall.

b. Widespread dissemination of the findings from this review of the *My Choice Weight Management Project* should be undertaken through a variety of channels.

c. Consideration of the inclusion of the following key aspects of the *My Choice Weight Management Project* in any extension to the Programme:

    i. The provision of training to staff in GP surgeries and community pharmacies responsible for delivery of the Programme prior to patient recruitment.

    ii. Maintaining the level of healthcare staff input to the Programme.

    iii. The regular schedule of appointments with Programme participants.

    iv. The provision of an increased variety of printed material.

d. A simplification of the data collection method used by the Programme commissioners at the individual Programme delivery sites.

Chapter 1 Introduction

1.1 Overview of the scheme

Since 2002/2003, the Tackling Obesity Programme Team have commissioned services to address the specific needs of the Heart of Birmingham health economy – for example, the need to focus on obesity prevention in Pakistani/South Asian women, the low rates of physical activity in the City, and the difficulties in purchasing 'off the shelf' solutions for weight management. The care pathways approach has helped the team to commission a comprehensive range of services that did not previously exist within the Heart of Birmingham. There are also highly innovative and ambitious projects, such as *Be Active* and the Early Years Obesity Prevention Programme.

The Birmingham obesity care pathway includes both prevention and treatment and highlights five levels of care, focusing equally on treatment and prevention of overweight individuals/obesity. The five levels of the pathway are detailed below:

- Level 0: Prevention.
- Level 1: Self-Directed Weight Management Service.
- Level 2: Targeted Weight Management Service.
- Level 3: Specialist Obesity Service.
- Level 4: Specialist Secondary Care Morbid Obesity Service/Bariatric Surgery.

The *My Choice Weight Management Programme* pilot forms part of the service offered at Level 2 of the obesity care pathway and has been designed to operate from both community pharmacies and the surgeries of General Practitioners (GPs). Level 2 services aim to support individuals who are 'ready to change' by enabling the individual to work with a trained health worker (for example, a health care assistant, practice nurse or pharmacy assistant) to develop a care plan designed to enable the individual to lose 5-10% of their current weight.

The *My Choice Weight Management Programme* aims to increase the capacity of weight management services and pilot provision with other providers. It also aims to reduce adult obesity levels, improve access to overweight and obesity management services in primary care, improve diet and nutrition, promote healthy weight and increased levels of physical activity in overweight or obese patients and support patients to make lifestyle changes to enable them to lose weight.

The service is available for obese patients over 18 years old who have a Body Mass Index (BMI):

- Greater than 30 with no co-morbidities.
- Greater than 28 with co-morbidities (diabetes, high blood pressure, cardiovascular disease).
- Greater than 25 for Asian patients with no co-morbidities.
- Greater than 23.5 for Asian patients with co-morbidities.

Patients are recruited by self-referral. However pharmacies were expected to link in with their local GP practices to raise awareness of the service and encourage them to signpost patients. Each service user attends weekly consultations over a twelve session period. They are then offered up to three follow up appointments for up to six months at two monthly intervals.

The *My Choice Weight Management Programme* pilot includes:

- Weekly weight and waist circumference measurements.
- Lifestyle, behaviour, diet and activity assessment.
- Completion of a food and exercise diary.
- Realistic weight loss targets, usually a maximum weekly weight loss of 0.5-1 kg with the aim of a 5-10% reduction on initial weight.
- Realistic targets for lifestyle, healthy eating and physical activity.
- Patients are empowered to develop skills for both losing weight and maintaining lost weight.

At each appointment a different topic is covered and the participants are provided with written material (in the form of leaflets etc.). Both the topics covered and the written materials are tailored towards meeting the needs of the local population. The topics covered during the appointments are as follows:

Session 1: Assessment.

Session 2: Healthy eating.

Sessions 3-11 are flexible and chosen from the following topics:

- Being more active.
- Coping with slip ups and set-backs.
- Drinks.
- Eating frequency and snacking.
- Hunger and emotional eating.
- Planning ahead.
- Portion control.
- Special occasions.
- Support and rewards.
- Understanding food labels.

Session 12: Maintaining weight loss.

The first twelve appointments are followed by three follow up appointments at two month intervals over a six month period.

1.2 Review of the literature

This section presents literature of relevance to the succeeding chapters.

1.2.1 The prevalence of obesity

Obesity is a significant health and social problem that has reached pandemic levels. Several prospective studies have demonstrated the relationship between obesity and premature death from

coronary heart disease, cancers and other diseases (Van Itallie, 1979, Manson et al., 1995, Calle et al., 1999) as well as well as psychosocial problems, such as negative self-esteem, social withdrawal and discrimination (Strauss, 1987, Stunkard et al., 2003, Hill and Murphy, 2000).

It now presents itself as one of the largest health problems facing the UK today and has been highlighted as one of the major public health challenges facing the UK in the 21st Century (Department of Health, 2004, Department of Health, 2010, Wanless, 2004). In the 20 years to 2001, the prevalence of obesity tripled (National Audit Office, 2001). Based on current trends, it is estimated that by 2050 over half of the UK adult population could be obese costing the NHS £9.7 billion and, when higher rates of sickness absence from work associated with being obese, and reduced productivity and overall costs to business are taken into account, £49.9 billion to society as a whole (FORESIGHT, 2007).

1.2.2 Current policy drivers

Healthy Weight, Healthy Lives (Department of Health, 2008a) is a cross-government strategy to support people to maintain a healthy weight. Building on the guidance published by the National Institute for Health and Clinical Excellence (NICE) in 2006 (National Institute for Health and Clinical Excellence, 2006), the report highlights the need for the NHS to dedicate resources and develop strategies aimed at the prevention, management and treatment of obesity. The multitude of factors that can affect an individual's decisions about energy consumption and expenditure are acknowledged as is the need for a multi-agency approach – including the involvement of the private sector – to tackle obesity.

Following publication of the strategy, the Department of Health developed a toolkit for primary care trusts (PCTs) and local authorities to assist with the effective commissioning of weight management services (Department of Health, 2008b). With respect to brief counselling or dietary advice provided by GPs or other health professionals, the toolkit highlights that while such interventions are effective in improving dietary intake, they tend to result in smaller changes than more intensive interventions. It also highlights that interventions with a greater number of components are more likely to be effective.

Following on from the Coalition Government's public health White Paper (*Healthy Lives, Healthy People* (Department of Health, 2010)) *Healthy Lives, Healthy People: A call for action on obesity in England* (2011) outlines how action on obesity can be delivered in the emerging public health structures. It details how – by working collaboratively with a wide range of partners – the Government believes that a downward trend in rates of excess weight in children and adults can be achieved by 2020. A key focus of the document is partnership working with the food and drink industry to reduce the calories in their products. The *call for action* states that GP practices and community pharmacies will have a role in the identification of overweight and obese patients, the provision of brief advice, medicines management and onward referral of patients to more specialised support.

1.2.3 The pharmacy context

In this section we have provided a brief overview of pharmacy's involvement in public health. This may serve as a useful introduction to this topic to those not previously exposed to pharmacy-based public health.

Since the early 1980s there has been a shift in pharmacy practice from a 'technical' paradigm focussed on the procurement, storage and dispensing of drugs, towards a more patient-focussed, clinical paradigm with an emphasis on patient care. A key aspect of this 'new' paradigm is a focus on health promotion and a preventative health agenda, a development supported by the gamut of pharmacy policy documents published in the UK since the mid-1980s (The Nuffield Foundation, 1986, Royal Pharmaceutical Society of Great Britain, 1997, Department of Health, 2000, Department of Health, 2003, Department of Health, 2005a, Department of Health, 2008c).

A Vision for Pharmacy in the New NHS (2003) states that:

> "*Community pharmacies are not just another shop on the high street or in the retail centre. They should be clearly seen as places where patients are able to access readily an increasing range of healthcare services. They are a valuable resource for improving health and reducing health inequalities, especially for vulnerable and deprived populations*".

The *Vision* also identified pharmacy as probably the biggest untapped resource for health improvement. Since publication of the *Vision* the public health function of community pharmacists in England has been strengthened by a number of developments including a growing evidence base on the effectiveness of pharmacy based interventions, a new pharmaceutical services contract and the publishing of a dedicated pharmaceutical public health strategy (Department of Health, 2005a) and a Pharmacy White Paper (Department of Health, 2008c).

In 1994, health promotion became a contractual obligation for community pharmacy with remuneration being received for the display of health promotion materials (posters and leaflets). The obligation for pharmacists to be involved in health promotion was consolidated in the 'new' (2005) contractual framework for England and Wales (see Table 1-1) with 'public health' (in terms of healthy lifestyle promotion) designated as an 'essential' service obliging each pharmacy to take part in six public health campaigns (again, principally health promotion), coordinated by – in England – the local PCT, each year. Furthermore, many services that contemporary debate designates as contributing towards pharmacy's public health function (i.e. services for drug misusers), are included in the 'enhanced' services category introduced under the new contract and therefore provision of these services by pharmacy is dependent upon the commissioning decisions of PCTs (Department of Health, 2005b).

Table 1-1 The English Pharmacy Contract (2005).

Service level	Provision
Essential	Offered by all contractors.
Advanced	Optional and require accreditation.
Enhanced	The specification and value of these services are agreed nationally, however, they are commissioned locally by PCTs on the basis of need.

While 80% of a community pharmacy's income is derived from NHS business (Conisbee, 2003) – principally through the dispensing of prescriptions – community pharmacists operate in an overtly commercial environment. This is in direct contrast to other healthcare professionals (for example, GPs) where any commercial activity is covert. What distinguishes pharmacy from other professions is that a pharmacist-proprietor's remuneration is based on trading as opposed to the levy of a fee. As such, their *raison d'être* is to sell, not whether the customer is well-served by the sale (Bush, 2008). This has led some critics to suggest that the attempt to 'graft' a public health mindset onto

pharmacists operating in an overtly commercial environment is contradictory (Jesson and Bissell, 2006).

However, the evidence base on the effectiveness of community pharmacy based public health interventions (Anderson et al., 2003, Blenkinsopp et al., 2003, Armstrong et al., 2005, Anderson et al., 2005b, Anderson et al., 2005a, Anderson et al., 2008, Anderson et al., 2009) demonstrates that community pharmacy can make a positive contribution to improving the public's health across a wide range of disease states as well as reducing incidences of potentially health damaging behaviours. Areas where pharmacy can contribute effectively include smoking cessation, coronary heart disease, skin cancer prevention, drug misuse, diabetes, asthma and weight management.

When specifically considering community pharmacy's role in weight management, the authors of the above reports stated that further research on pharmacy-based obesity programmes was required before any conclusions could be drawn on their effectiveness. In an update to the evidence base of the contribution of community pharmacy to improving the public's health published in 2009 and reviewing literature published between 1990 and 2007, the evidence on the effectiveness of pharmacy involvement in weight management from the peer-reviewed literature was described as "*promising and in need of further study*" (Anderson et al., 2009).

1.2.4 Health professional-led weight management interventions in primary care or community settings

A key theme highlighted by the NICE review team which produced the NICE guideline on obesity was a lack of good evidence of the effectiveness of a number of key interventions. While the body of evidence on sustained health professional-led interventions in primary care or community settings was variable, it was generally supportive of their effectiveness. The guidance also identified a body of evidence from UK-based qualitative research that time, space, training costs and concerns about damaging health professional-patient relationships may be barriers to action by GPs and pharmacists (National Institute for Health and Clinical Excellence, 2006).

There is a paucity of evidence on the effectiveness of both GP-led and pharmacy-led interventions. The NICE guidance did highlight that the identified evidence did not appear to suggest that the health professional who provides advice and support was important, the key issues being whether the health professional is motivational and the maintenance of support to the patient (National Institute for Health and Clinical Excellence, 2006).

GP led interventions

A limited number of studies have explored the opinions of general practice staff towards the provision of weight management advice. Such studies have identified that GPs and practice nurses have gaps in their knowledge of nutrition and weight management which may translate into the provision of misleading advice to patients and that practice staff believed they needed to undertake specific training in order to provide appropriate advice (Hankey CR et al., 2004). Further studies have highlighted that weight management is an unpopular task for GPs and practice nurses (Mercer and Tessier, 2001) and a belief among GPs that the management of obesity falls outside of their professional domain (Epstein and Ogden, 2005).

It has also been suggested that patients may not have confidence in their GPs for weight management, preferring other health professionals (Tham and Young, 2008). As the *NICE Guidance on obesity states:*

> *"The studies therefore show consistently that GPs and patients have different views. GPs would prefer patient-based interventions in primary care with regard to obesity management, and patients would opt for a professionally led approach"* (National Institute for Health and Clinical Excellence, 2006).

Regardless of the attitudinal research reported above, success has been reported when providing weight management services in general practice. One randomised controlled trial of a nurse-led, general practice-based weight management programme for individuals with a BMI of ≥27 kg/m^2 reported that, at 12 weeks, 34% of participants in the intervention arms of the trial lost at least 5% of their initial weight compared to 19% in the usual care arms. The authors suggest that a nurse-led weight management programme in general practice could make a substantial contribution to improving weight management services (Nanchahal et al., 2009).

In the *Counterweight Project*, practice nurses in 65 general practices delivered interventions to 1906 obese patients. The interventions were multi-faceted including group sessions, one-to-one sessions, pharmacotherapy and exercise therapy. Mean weight loss in those who attended and had data for 12 months was 3 kg and at 24 months was 2.3 kg. At 12 months and 24 months, 31% and 32% of participants respectively had maintained a weight loss of at least 5% of initial weight. The authors conclude that the intervention achieves and maintains clinically valuable weight loss and provides a promising model to improve the management of obesity in primary care (Counterweight Project Team, 2005, Counterweight Project Team, 2008).

The effectiveness of a four-and-a-half hour training programme promoting an obesity management model to practice staff was assessed in a cluster randomised trial conducted in 44 general practices in the north of England. The model promoted a programme of regular meetings between the obese participants recruited to the programme and practitioners until participants had lost 10% of their original body weight and then less frequently for maintenance of weight over a sustained period. Practitioners provided advice on diet and exercise, advocated a moderate energy deficit diet and facilitated the setting of mutually agreed target weight and dietary and exercise targets. Baseline data were collected for 843 participants. One year after the intervention, the mean weight of participants in the intervention arm was 1 kg heavier than the corresponding figure in the control arm. This equated to a reduction in mean body weight of 0.5 kg in the intervention arm and 0.9 kg in the control arm. Ultimately, the intervention did not prove successful in reducing the weight of these obese patients (Moore et al., 2003).

The mixed record of success of weight management interventions based in general practices means that they cannot currently be recommended as an effective or cost-effective option for widespread provision across the NHS.

Pharmacy led interventions

Pharmacy involvement in tackling obesity in England has been limited to date but with the high priority now afforded to tackling the obesity epidemic by commissioners, the community pharmacy based provision of weight management services is likely to become much more widespread over the succeeding years. This development is reinforced by the pharmacy policy agenda with the Government believing that weight management programmes should move from the enhanced to the advanced service level of the pharmacy contract to promote their provision and aid in the

development of community pharmacies into health living centres (Department of Health, 2005a, Department of Health, 2008c).

The anti-obesity drug orlistat can be supplied through pharmacy either as a prescription-only medicine (at a strength of 120 mg per capsule; brand name *Xenical*®) or over-the-counter as a pharmacy-only medicine (at a strength of 60 mg per capsule; brand name *Alli*®). Some pharmacies offer product-centred commercial services to aid weight loss (e.g. *Lipotrim*®, *Celebrity Slim*®). Such services usually involve the replacement of meals with branded 'shakes', soups etc. These programmes generally involve minimal counselling from staff members and pharmacists themselves have expressed the view that the public may consider these as an attempt to increase pharmacy revenues rather than a genuine service aimed at producing measurable weight loss among participants (Um et al., 2010). Similarly, many pharmacists report that a major reason for stocking over-the-counter weight loss products is customer demand (Andronicou et al., 2009).

Studies examining the public's views on the acceptability of pharmacies as venues for the delivery of weight management services are scarce. In the UK context, the minimal studies that exist are somewhat contradictory. A questionnaire-based study of the general public conducted within one PCT highlighted that pharmacy was not seen as a setting of choice for weight management services (Krska et al., 2010). However, when surveying members of the public in a city centre location, 77% of respondents felt that pharmacies should provide weight management clinics (Krska and Morecroft, 2010).

When exploring the views of pharmacists towards delivery of weight management services, Krska (2010) highlights a lack of pro-active engagement by pharmacists with the public trying to lose weight. Conversely, in a study of Australian pharmacists', opinions on the delivery of weight management programmes were almost universally positive (Um et al., 2010).

According to the Pharmaceutical Services Negotiating Committee's (the representative body for community pharmacy on NHS matters) Services Database (Pharmaceutical Services Negotiating Committee, 2011) only seven PCT-commissioned pharmacy-based weight management services have been completed and only one report of the results of these services is easily identifiable (see detail on the Coventry study below). A further nine such services are on-going across England. A programme commissioned by Coventry PCT – run in conjunction with the pharmaceutical wholesaler Unichem – has been hailed as an exemplar service with a whole page in the recent pharmacy White Paper (Department of Health, 2008c) dedicated to describing its provision and outcomes

The Coventry pilot was commissioned from 10 pharmacies. A total of 160 patients were recruited according to the following inclusion criteria:

- Aged over 18 years.
- Body Mass Index (BMI) of > 30 kg/m^2 and < 38 kg/m^2.
- At least one diagnosed or established risk factor:
    - Hypertension.
    - Type 2 diabetes.
    - Hyperlipidaemia.

- Increased waist circumference – greater than 102 cm for males and greater than 88 cm for women[a].

At initial consultation a baseline assessment was conducted for all patients. BMI, waist circumference, blood pressure and blood glucose measurements were taken for all patients. In addition, for patients with type 2 diabetes HbA1c and total cholesterol were measured and for patients with hyperlipidaemia a fasting total cholesterol measurement was taken. Patients and pharmacists set targets for the patients diet plan and exercise regime and were provided with a 'weight management programme diary' and some literature. The patients were followed-up on ten occasions over a period of one year following the initial consultation (bi-weekly for the first 8 sessions, then monthly for two months and bi-monthly until one year).

At the time of the available report (October 2008) 34 patients had completed the programme (i.e. attended all 10 follow-ups). Mean weight loss was 3.7 kg, mean BMI decreased by 1.3 kg/m^2 and the mean reduction in waist circumference was 6.7 cm per participant. Furthermore, mean systolic blood pressure was reduced from 137 mmHg at recruitment to 130 mmHg at 12 months. The service continues and is being expanded after the promising results achieved in the pilot study (Coventry Primary Care Trust, 2008).

While community pharmacy-based provision of weight management services has been limited in the UK, a number of studies have been conducted elsewhere. In a randomised controlled open-label trial conducted in a single community pharmacy in the United States the efficacy of a meal replacement programme (*Slim-Fast*®) was compared to the efficacy of a conventional reduced calorie diet (Ahrens et al., 2003). The trial lasted for ten sessions with a further 12 session follow-up period. Participants in the intervention arm (n=45) replaced two of their three daily meals with a liquid replacement meal while participants in the control arm (n=43) were provided with information about different food groups and a maximum recommended number of calories to be consumed each day. Participants in both arms of the trial attended bi-weekly consultations with a pharmacist where advice and counselling were provided. Statistically significant weight loss was observed in both arms of the trial at 10 sessions (mean weight loss was 4.9 kg in the intervention arm and 4.3 kg in the control arm) with no significant difference in weight loss between the two arms. In total forty-one percent of participants lost at least 5% of their initial weight at 22 sessions.

Wollner et al. (2010) report on a weight loss programme delivered in a US community pharmacy by physicians, nurses and nursing assistants. Eighty six participants were recruited into the 10 session study which cost $465 per participant. The programme involved bi-weekly counselling sessions, with additional meal replacement and pharmacotherapy if needed. At 10 sessions, 45% of participants had lost at least 5% of their initial weight. It should be noted that this programme was delivered via one community pharmacy in an affluent area of California.

In a 12 session 'slimming course' delivered through 19 community pharmacies in Denmark, 269 obese clients were recruited – with each participant paying 550 Dkr for the course. The course involved eight educational sessions covering nutrition and physiology in an attempt to promote the adoption of a low-fat, high-carbohydrate diet. Seventy one percent of participants completed the 12 session programme with a mean weight loss of 5.3 kg and 6.3 kg among males and females respectively. At one-year follow-up, one-fifth of participants who completed the course had

[a] Asian men greater than 90 cm and Asian women greater than 80 cm.

maintained a weight loss of over 5kg. The authors report that the results are comparable with those achieved by general practitioners and hospital out-patient clinics but with a lower cost burden (Toubro et al., 1999).

A retrospective study at a higher education institution in the USA examined data from 289 participants who had enrolled on weight management programme in a single, campus-based pharmaceutical care centre between January 2000 and December 2004 (Lloyd et al., 2007). The programme was free-of-charge to the majority of patients with the remainder charged an established fee. The intervention took the form of a one-and-a-half hour initial interview with a pharmacist followed by bi-weekly interviews until the participant had maintained weight loss for three months. Pharmacotherapy was only considered where weight loss had not been achieved by diet and exercise. Net mean weight loss in participants who received pharmacist counselling was 3.6 kg, with 83 participants decreasing their BMI category.

Botomino et al. (2008) considered the effect of counselling on weight and lifestyle among 3800 clients who had participated in a community pharmacy-based diabetes screening programme in Switzerland. Participants received differing levels of counselling depending on which level was considered most appropriate by a pharmacist – standard counselling (non-specific recommendations on lifestyle modifications), intensive counselling (specific recommendations on lifestyle modifications allied to target-setting) and 'high risk' counselling for those considered to be at high risk of developing type 2 diabetes (standard counselling plus referral to a physician). Significant weight reduction was observed in all three groups at 3 months and one year follow-up. Of the 1370 participants who completed all three questionnaires (3 months, 6 months and one year), 253 (19%) had lost at least 5% of their initial body weight with weight loss being highest in the 'high risk' group (24.5% achieving at least a 5% reduction in weight).

A number of studies have highlighted the difficulties in community pharmacy based provision of weight management advice, products and services. Among the most prominent of these difficulties are the need for prior training and appropriate accreditation of pharmacists and/or their staff in weight management (Andronicou et al., 2009, Dastani et al., 2004, Luevorasirikul et al., 2010, O'Donnell et al., 2006, Um et al., 2010), time constraints (Luevorasirikul et al., 2010) and securing and providing appropriate funding and remuneration for the services offered (Peterson et al., 2010, Um et al., 2010, Wibowo et al., 2010).

When considering the provision of community pharmacy-based weight management services specifically, a common problem highlighted in the literature is the high level of participant 'dropout' (Ahrens et al., 2003, Lloyd et al., 2007, Malone and Alger-Mayer, 2003).This is particularly the case when the service is provided at no cost to the participant. Indeed, it has been suggested that charging the participants for these types of services may increase the retention of participants in the service and increase the credibility of the healthcare professionals, such as pharmacists managing it (Um et al., 2010). A further issue that appears with some consistency is the heavy bias towards female participants in community pharmacy-based weight management services (Ahrens et al., 2003, Malone and Alger-Mayer, 2003, Wollner et al., 2010).

While evidence is available to suggest that community pharmacy-based weight management services may be effective, the available evidence base is not currently robust enough to recommend the widespread adoption of community pharmacy as a venue for the provision of such services.

1.2.5 Summary

This section has provided an overview of the scale of the obesity problem, detailed current policy drivers and summarised the literature covering weight management interventions in primary care. The review highlights the paucity of published research on the effectiveness of primary care-based weight management interventions.

A recently published article in the British Medical Journal assessed the effectiveness of the delivery of weight management programmes via various primary care- or community-based providers (Jolly et al., 2011). The *Lighten Up* randomised controlled trial compared commercial and primary care led weight reduction programmes. In total, 740 overweight or obese participants were randomly assigned to one of three commercial weight loss programmes (*Weight Watchers®*, *Slimming World®*, *Rosemary Conley®*), a group-based programme delivered in the community, a dietetics led programme, general practice led one-to-one counselling, pharmacy led one-to-one counselling, a choice of any of the six programmes or a comparator group which received 12 vouchers enabling free entrance to a local leisure centre. Among the 658 participants for whom data were available, significant weight loss between baseline and programme end was achieved in all arms of the trial. Mean weight loss ranged from 4.4 kg in the Weight Watchers arm through 2.1 kg in the pharmacy arm to 1.4 kg in the GP arm. Among participants followed up at one year weight loss was marginally greater in GPs (0.8 kg) than in pharmacies (0.6 kg). Weight loss was greater in commercial organisations than in primary care providers. The authors conclude that commercial organisations provide a more effective service at lower cost than primary care providers.

This study is a welcome addition to the evidence base concerning community- and primary care-based provision of weight management services as data comparing the effectiveness of providers in delivering such services is particularly lacking. We hope that this evaluation, comparing the provision of a standardised service through pharmacies and general practices, may also help to address this knowledge gap.

1.3 Outline of this report

In addition to this introductory chapter, the remainder of this report has been set out as follows. Chapter 2 will provide an analysis of the clinical data from the *My Choice Weight Management Programme*, firstly from the data returns from the delivery sites and then from the 'quality of life' (SF-12) questionnaires completed by the participants at the delivery sites at sessions 1, 12 and 15. This will be followed by Chapter 3, which will summarise the results from a range of interviews undertaken with the Programme deliverers and Programme participants, along with an in-depth analysis of the responses from a participant questionnaire. Finally, Chapter 4 will pull the results together and discuss the key findings, before concluding and making recommendations for the future.

Chapter 2 Analysis of the data

This chapter presents analyses of the clinical data and the SF-12 'quality of life' questionnaires collected by Programme providers throughout the delivery of the Programme.

2.1 Analysis of the clinical data collected during the course of the *My Choice Weight Management Programme*

This section presents findings derived from a quantitative analysis of the data collected at each appointment, for each individual participating in the *My Choice Weight Management Programme* in community pharmacies (hereafter referred to as 'pharmacy') and in the practices of General Practitioners (hereafter referred to as 'GP').

2.1.1 Brief background of the Programme

As discussed in Chapter 1, the objectives of the *My Choice Weight Management Programme* were:

- To reduce adult obesity levels.
- To improve access to overweight and obesity management services in primary care.
- To improve diet and nutrition, promote healthy weight and increase levels of physical activity in overweight or obese patients.
- To support patients to make lifestyle changes to enable them to lose weight.

The Programme was delivered through community pharmacy and GP contractors within the Heart of Birmingham Teaching Primary Care Trust (HoBtPCT). Twelve pharmacies and twelve GP practices were recruited to deliver the service via service level agreements with HoBtPCT.

Providers of the Programme were responsible for the recruitment of participants over the course of the Programme (up to a maximum of 30 participants per provider). Participants were recruited according to the following criteria:

- Aged 18 years or over and have a BMI:
    - Greater than 30 kg/m^2 (greater than 25 kg/m^2 in Asians)
    - Greater than 28 kg/m^2 (23.5 kg/m^2 in Asians) with one or more of the following co-morbidities (diabetes, hypertension, cardiovascular disease).

Each participant was scheduled to attend weekly during the 12 sessions following recruitment (an initial consultation (hereafter referred to as 'session 1') followed by eleven weekly consultations (hereafter referred to as 'sessions 2-12'). Participants were also offered up to three bi-monthly follow-up appointments (hereafter referred to as 'sessions 13-15') for up to 6 months after completion of session 12.

The following data were collected by providers from participants at session 1:

- Date of consultation.
- Sex.
- Age (in years).
- Postcode.
- Self-reported ethnicity.
- Height (m).

- Weight (kg).
- Waist circumference.

The collection of participants' height and weight allowed for the calculation of each participants body mass index (BMI).

At all subsequent sessions, the following data were collected:

- Date of consultation.
- Weight (kg).
- Waist circumference.

In addition to this monitoring, in conjunction with a member of staff at their provider, participants were set 'realistic' weight loss targets (a weekly weight loss of 0.5-1 kg per session with the aim of losing 5-10% of original weight by session 12) and lifestyle, behaviour, diet and activity were also assessed. Participants were also encouraged to keep a food and exercise diary and to modify lifestyle, diet and physical activity appropriately. To meet these ends, a different topic was covered at each appointment:

- Session 1: Assessment.
- Session 2: Healthy eating.
- Sessions 3-11 were flexible enabling coverage of the following topics at any point:
    - Being more active.
    - Coping with slip ups and setbacks.
    - Drinks.
    - Eating frequency and snacking.
    - Hunger and emotional eating.
    - Planning ahead.
    - Portion Control.
    - Special Occasions.
    - Support and Rewards.
    - Understanding food labels.
- Session 12: Maintaining weight loss.

2.1.2 Analyses

The remainder of this section presents an analysis of the quantitative data collected by providers throughout delivery of the Programme. The data were recorded routinely at each appointment using pre-designed data collection forms. The analysis is therefore dependent on the volume and accuracy of the collected data. Payment to providers was based on the submission of completed data collection forms. While non-submission of forms was a possibility, the financial incentive applied to their submission makes this unlikely. However, we are unable to provide an objective assessment of the veracity of the data presented here aside from the observation that all the data were screened and, with a minimal number of exceptions, appeared to be within reasonable and predictable limits

(any values that were not within such limits appeared to be as a result of a recording error and were not included in the analysis).

The authors were provided with the data from HoBtPCT in the form of a Microsoft Excel® spreadsheet. Microsoft Excel® was used for the analysis with some additional analysis being undertaken in SPSS v16.0®. The Indices of Multiple Deprivation (IMD) 2010 score[b] (Department for Communities and Local Government, 2011) for the Lower Layer Super Output Area (LSOA)[c] (Office for National Statistics, 2011) corresponding to the participants' postcodes were added to the dataset using data linking postcode to LSOA available in the UKBorders dataset (UKBorders, 2011). Descriptive statistics are presented both for all participants and by provider type. To determine whether there were relationships between variables the following statistical tests were applied to the data:

- Where categorical data is detailed, Chi-squared tests of association were used.
- When comparing the means of two samples either paired- (where this was appropriate) or unpaired- *t*-tests were used.
- For comparing the means of three or more samples, one-way between groups analyses of variance (ANOVA) were used.

Where the P value of the conducted tests was 0.05 or less, the null hypothesis (i.e. no association between the two variables) was rejected, indicating statistical significance at the 5% level.

2.1.3 Results of the analysis of the measurement data collected by providers

Analyses of recruitment and attendance, weight and waist circumference measures and costs are presented below.

Recruitment and attendance

A total of 451 individuals were recruited to the Programme (i.e. attended at least one session). GP providers (n=268) recruited more participants than pharmacy providers (n=183). Overall, 86% of participants were female and the mean age of the cohort was 41 years.

There was no statistically significant difference between the IMD 2010 score of the LSOA corresponding to the participants' postcode between pharmacy participants and GP participants. However there were statistically significant differences between participants attending pharmacies and participants attending GPs with GP participants tending to be older than their pharmacy counterparts. Additionally, the ethnic composition of the two groups differed significantly (see Table 2-1).

[b] The IMD combine a number of indicators, chosen to cover a range of socioeconomic issues, into a single deprivation score for each Super Output Area (Lower Layer and Middle Layer) in England. The higher the IMD 2010 score, the more deprived an area is.

[c] Super Output Areas (SOAs), are a geography designed for the collection and publication of small area statistics. There are currently two levels of SOA – Lower Layer SOAs (LSOAs) which divide England into 34,378 areas with a mean number of residents of 1,500 in each area and Middle Layer SOAs (MSOAs) which divide England into 7,193 areas with a mean number of residents of 7,200 in each.

Table 2-1 Characteristics of participants at baseline by provider type. Figures are numbers (percentages) unless otherwise stated.

Characteristics		Pharmacy	GP	Combined
Participants		183 (40.6)	268 (59.4)	451 (100.0)
Male sex		24 (13.1)	41 (15.3)	65 (14.4)
Mean (SD) age (years)		**38.9 (13.0)**	**42.6 (11.8)**	41.1 (12.4)
Mean (SD) IMD 2010		43.3 (13.8)	43.8 (15.8)	43.6 (15.0)
Ethnic group				
	Asian	***114 (62.3)***	***117 (43.7)***	231 (51.2)
	Black	***42 (23.0)***	***74 (27.6)***	116 (25.7)
	Mixed	***3 (1.6)***	***17 (6.3)***	20 (4.4)
	White	***24 (13.1)***	***53 (19.8)***	77 (17.1)
	Other		3 (1.1)	3 (0.7)
	Missing		4 (1.5)	4 (0.9)

Notes on Table 2-1:

- Figures in bold indicate statistically significant differences (unpaired *t*-test, P<0.05).
- Figures in bold and italics indicate statistically significant differences (chi-squared test, P<0.05; 'other' and 'missing' categories excluded).

The mean number of sessions attended per participant in the Programme was seven. Less than half of recruited participants completed the Programme (according to PCT-defined criterion of attendance at 75% of first 12 sessions). Thirty seven percent of participants attended the first twelve sessions and less than one-in-five participants attended all 15 available sessions. Attendance was uniformly better at pharmacy providers than at GP providers (see Table 2-2 and Figure 2-1).

Table 2-2 Attendance at sessions in the My Choice Programme by provider type. Figures are numbers (percentages) unless otherwise stated.

Attendance measure	Pharmacy	GP	Combined
Total number of sessions attended by all participants	1447 (65.9)	1735 (53.9)	3182 (58.8)
Mean number (SD) of sessions attended per participant	**7.9 (4.5)**	**6.5 (4.2)**	7.0 (4.4)
Participants completing*	102 (55.7)	102 (38.1)	204 (45.2)
Participants attending session 12 (% recruited participants)	92 (50)	75 (28)	167 (37.0)
Participants attending session 15 (% recruited participants)	60 (33)	23 (9)	83 (18.4)

Notes on Table 2-2:

- *PCT-defined criterion of attendance at 75% of first 12 sessions.
- Figures in bold indicate statistically significant differences (unpaired *t*-test, P<0.05).

Figure 2-1 Percentage of participants remaining in the Programme at sessions 1-12.

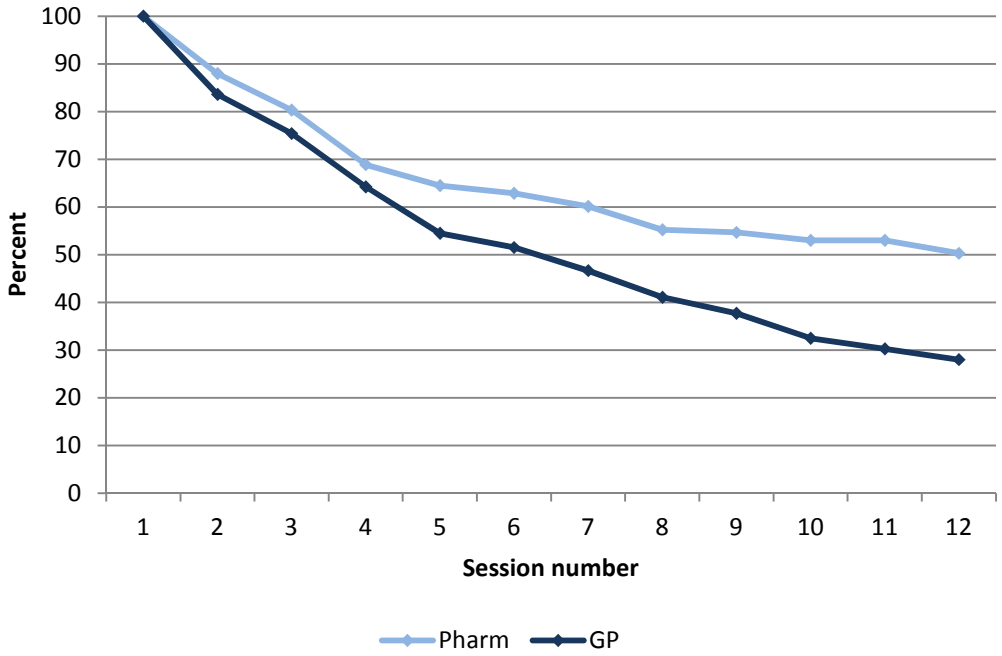


Table 2-3 shows the characteristics of participants completing session 12. When compared with the data in Table 2-1 it can be seen that completion of the first twelve sessions of the Programme was not influenced by any of the demographic factors for which data were available and there were no statistically significant differences between participants at session 1 and those completing session 12.

Table 2-3 Characteristics of participants completing the first twelve sessions of the *My Choice Weight Management Programme* by provider type. Figures are numbers (percentages) unless otherwise stated.

Characteristics	Pharmacy	GP	Combined
Participants	92	75	167
Male sex	13 (14.1)	11 (14.7)	24 (14.4)
Mean (SD) age (years)	40.0 (13.1)	44.0 (11.9)	41.8 (12.8)
Mean (SD) IMD 2010	44.8 (12.9)	42.9 (16.5)*	43.9 (14.6)^
Ethnicity			
Asian	61 (66.3)	32 (42.7)	93 (55.7)
Black	14 (15.2)	18 (24)	32 (19.2)
Mixed	2 (2.2)	4 (5.3)	6 (3.6)
White	15 (16.3)	20 (26.7)	35 (30.0)
Missing		1 (1.3)	1 (0.6)

Notes on Table 2-3:

- *n=74 owing to an inability to link one participant's postcode with a LSOA code.
- ^n=166 owing to an inability to link one participant's postcode with a LSOA code.

Weight and waist circumference data

This section presents an analysis of the weight and waist circumference data collected routinely by providers at each session attended by participants.

At baseline, there was considerable heterogeneity in weight, BMI and waist circumference between participants recruited through pharmacies and those recruited through GP practices (see Table 2-4). Participants recruited at GP practices were heavier and had larger BMIs and waist circumferences. While 30% of pharmacy recruits had a BMI of 35 or more, this proportion was almost 50% among GP recruits.

Table 2-4 Baseline measurement data by provider type. Figures are numbers (percentages) unless otherwise stated.

Measurement	Pharmacy (n=186)	GP (n=268)	Combined (n=451)
Mean (SD) starting weight (kg)	**86.1 (17.1)**	**95.8 (18.4)**	91.9 (18.5)
Mean (SD) starting BMI (kg/m^2)*	**33.0 (5.6)**	**35.6 (5.6)**	34.5 (5.7)
Mean (SD) starting waist circumference (cm)^	**105.1 (13.4)**	**108.8 (14.1)**	107.3 (13.9)
Starting BMI (kg/m^2)			
<30	***52 (28.6)***	***27 (10.2)***	79 (17.7)
30-34	***75 (41.2)***	***107 (40.4)***	182 (40.7)
35-39	***29 (15.9)***	***76 (28.7)***	105 (23.5)
≥40	***26 (14.3)***	***55 (20.8)***	81 (18.1)

Notes on Table 2-4:

- *n=447 owing to missing/erroneous recording of participants' height.
- ^n=444 owing to missing values.
- Figures in bold indicate statistically significant differences (unpaired *t*-test, P<0.05).
- Figures in bold and italics indicate statistically significant differences (chi-squared test, P<0.05).

Eighty-five percent (n=141/166) of participants attending the first twelve sessions of the *My Choice Weight Management Programme* lost weight. Mean percentage weight loss was 3.3%. Participants attending GP practices lost more weight during the first twelve sessions than those attending pharmacies (4.0% and 2.8% respectively, unpaired *t*-test, P<0.05). Less than a third (28%) of participants achieved a reduction in weight of 5% or more with no significant difference between providers. While the mean reduction in waist circumference was 6.0 cm in GP participants and 4.9 cm in pharmacy participants, this difference was not statistically significant (see Table 2-5).

There was no significant difference in weight loss between providers at session 15 although weight loss was greater in participants attending session 15 at pharmacies than at GPs (see Table 2-5). When considering weight loss between session 12 and session 15, it is apparent that GP participants failed to maintain their weight status achieved at session 12 (recording a mean weight gain of 0.9%) whereas participants attending pharmacies continued to lose weight between session 12 and session 15 (a mean weight loss of 1.2%). This difference was statistically significant. However, the small numbers of participants attending session 15 (pharmacy n=60, GP n=23) should be noted.

Table 2-5 Participant outcomes at session 12 and session 15 by provider type. Figures are numbers (percentages) unless otherwise stated.

Outcomes	Pharmacy	GP	Combined
Among participants attending session 12 (pharmacy n=91*; GP n=75; combined n=166)			
Mean weight loss (95% CI) (kg)	**2.4 (±0.6)**	**3.8 (±0.8)**	3.0 (±0.5)
Mean percentage weight loss (95% CI)	**2.8 (±0.7)**	**4.0 (±0.9)**	3.3 (±0.5)
Percentage weight loss			
No change/ weight gain	14 (15.4)	11 (14.7)	25 (15.1)
0.1%-4.9%	56 (61.5)	39 (52.0)	95 (57.2)
≥5%	21 (23.1)	25 (33.3)	46 (27.7)
Mean reduction (95% CI) in BMI (kg/m^2)	**0.9 (±0.2)**	**1.4 (±0.3)**	1.1 (±0.2)
Mean reduction (95% CI) in waist circumference (cm)	4.9 (±0.9)	6.0 (±1.3)	5.4 (±0.8)
Among participants attending session 15 (pharmacy n=60; GP n=22^; combined n=82)			
Mean weight loss (95% CI) (kg)	3.4 (±1.1)	2.3 (±1.9)	3.1 (±0.9)
Mean percentage weight loss (95% CI)	4.0 (±1.3)	2.2 (±1.9)	3.5 (±1.1)
Percentage weight loss			
No change/ weight gain	13 (21.7)	8 (36.4)	21 (25.6)
0.1%-4.9%	19 (31.7)	10 (45.5)	29 (35.4)
≥5%	28 (46.7)	4 (18.2)	32 (39.0)
Mean reduction (95% CI) in BMI (kg/m^2)	1.3 (±0.4)	0.8 (±0.7)	1.2 (0.4)
Mean reduction (95% CI) in waist circumference (cm)	6.5 (±1.6)	4.9 (±2.6)	6.1 (1.4)
Between session 12 and session 15			
Mean weight loss/gain (95% CI) (kg)	1.2 (±0.9)	-0.8 (±1.7)	0.6 (±0.8)
Mean percentage weight loss/gain (95% CI)	**1.4 (±1.1)**	**-0.9 (±1.7)**	0.8 (±0.9)

Notes on Table 2-5:

- *at session 12 n=91 for weight loss, % weight loss and BMI owing to the erroneous recording of weight for one participant.
- ^at session 15 n=22 for weight loss, % weight loss and BMI owing to the erroneous recording of weight and waist circumference for one participant.
- Figures in bold indicate statistically significant differences (unpaired *t*-test, P<0.05).

Table 2-6 and Table 2-7 provide paired data on outcomes for participants attending the *My Choice Weight Management Programme* at pharmacies and GP surgeries respectively. There are statistically significant differences in mean weight, mean BMI and mean waist circumference between initial assessment and session 12 and between initial assessment and session 15 for participants at both pharmacies and GPs. Furthermore, there are statistically significant differences in all three outcomes for pharmacy participants between session 12 and session 15. Within pharmacy participants the direction of these differences are apparent (i.e. a continual reduction in weight status and waist circumference between initial assessment and session 15). However, the picture is more complicated in the GP participant subset where reduction in weight is seen between initial assessment and session 12 but not between sessions 12 and session 15 in those participants attending session 15.

Table 2-6 Outcomes of participants attending pharmacy providers at baseline, session 12 and session 15 (paired data). Figures are numbers (percentages) unless otherwise stated.

Outcomes	Sessions 1-12 (n=91*)		Sessions 1-15 (n=60)		Sessions 12-15 (n=60)	
	1	12	1	15	12	15
Mean (SD) weight (kg)	**86.7 (16.2)**	**84.3 (16.2)**	**86.4 (16.7)**	**83.0 (17.2)**	**84.1 (16.6)**	**83.0 (17.2)**
Mean (SD) BMI (kg/m^2)	**33.3 (6.0)**	**32.4 (6.3)**	**33.7 (6.2)**	**32.4 (6.7)**	**32.8 (6.3)**	**32.4 (6.7)**
BMI (kg/m^2)						
<30	25 (27.5)	34 (37.4)	17 (28.3)	24 (40.0)	21 (35.0)	24 (40.0)
30-34	39 (42.9)	34 (37.4)	20 (33.3)	17 (28.3)	21 (35.0)	17 (28.3)
35-39	14 (15.4)	11 (12.1)	14 (23.3)	10 (16.7)	9 (15.0)	10 (16.7)
≥40	13 (14.3)	12 (13.2)	9 (15.0)	9 (15.0)	9 (15.0)	9 (15.0)
Mean (SD) waist circumference (cm)^	**104.8 (13.7)**	**100.0 (13.7)**	**104.6 (14.6)**	**98.1 (15.6)**	**99.8 (14.5)**	**98.1 (15.6)**

Notes on Table 2-6:

- *n=91 owing to the erroneous recording of weight for one participant at session 12.
- Figures in bold indicate statistically significant differences (paired *t*-test, P<0.05).

Table 2-7 Outcomes of participants attending GP providers at baseline, session 12 and session 15 (paired data). Figures are numbers (percentages) unless otherwise stated.

Outcomes	Sessions 1-12 (n=75)		Sessions 1-15 (n=22*)		Sessions 12-15 (n=22*)	
	1	12	1	15	12	15
Mean (SD) weight (kg)	**96.5 (21.1)**	**92.7 (21.1)**	**101.5 (18.1)**	**99.2 (18.2)**	98.4 (18.0)	99.2 (18.2)
Mean (SD) BMI (kg/m^2)	**35.9 (6.5)**	**34.5 (6.6)**	**37.6 (6.4)**	**36.8 (6.5)**	36.5 (6.6)	36.8 (6.5)
BMI (kg/m^2)						
<30	16 (21.3)	17 (22.7)	1 (4.5)	2 (9.1)	2 (9.1)	2 (9.1)
30-34	24 (32.0)	25 (33.3)	9 (40.9)	9 (40.9)	9 (40.9)	9 (40.9)
35-39	16 (21.3)	18 (24.0)	4 (18.1)	3 (13.6)	5 (22.7)	3 (13.6)
≥40	19 (25.3)	15 (20.0)	8 (36.4)	8 (36.4)	6 (27.3)	8 (36.4)
Mean (SD) waist circumference (cm)^	**108.6 (15.7)**	**102.6 (16.3)**	**105.4 (14.1)**	**100.5 (14.9)**	100.1 (15.2)	100.5 (14.9)

Notes on Table 2-7:

- *n=22 owing to the erroneous recording of weight and waist circumference for one participant at session 15.
- Figures in bold indicate statistically significant differences (paired *t*-test, P<0.05).

There were no statistically significant relationships between sex, age, IMD quintile or ethnicity and percentage weight loss at session 12 *within* pharmacy or GP participants in the *My Choice Weight Management Programme* (see Table 2-8). There were isolated statistically significant differences in weight loss *between* participants attending the Programme at pharmacies and GPs – for example, female GP participants lost a larger proportion of their initial weight than female pharmacy participants. Similarly, participants aged 40-49 years lost a greater proportion of their initial weight at GP providers than at pharmacy providers.

Table 2-8 Mean (95% confidence interval) percentage weight loss at session 12 by provider type and participant characteristics.

Characteristics	Pharmacy (n=91*)	GP (n=75)	Combined (n=166)
Sex			
Male	4.5 (±2.0)	5.2 (±1.4)	4.8 (±1.2)
Female	**2.5 (±0.7)**	**3.8 (±1.0)**	3.1 (±0.6)
Age (years)			
16-29	2.4 (±1.5)	3.0 (±2.0)	2.6 (±1.2)
30-39	3.1 (±1.4)	3.3 (±1.2)	3.2 (±0.9)
40-49	**3.1 (±1.0)**	**5.8 (±2.3)**	4.1 (±1.2)
≥50	2.4 (±1.5)	3.5 (±1.2)	3.0 (±0.9)
IMD quintile^			
Least deprived	4.1 (±2.2)	4.1 (±1.5)	4.1 (±1.3)
2	**2.9 (±1.3)**	**4.8 (±1.0)**	3.7 (±0.9)
3	1.7 (±1.3)	3.1 (±2.0)	2.1 (±1.1)
4	3.2 (±1.0)	4.4 (±2.0)	3.8 (±1.1)
Most deprived	3.0 (±1.3)	3.3 (±2.5)	3.2 (±1.6)
Ethnicity			
Asian	3.0 (±0.9)	4.3 (±1.6)	3.5 (±0.8)
Black	2.2 (±0.9)	3.0 (±1.3)	2.6 (±0.9)
White	2.4 (±1.6)	4.5 (±1.3)	3.6 (±1.1)

Notes on Table 2-8:

- *n=91 owing to the erroneous recording of weight for one participant at session 12.
- ^Quintile boundaries based on IMD scores of the LSOAs corresponding to the postcodes of all participants on the *My Choice Weight Management Programme*.
- Figures in bold indicate statistically significant differences (unpaired *t*-test, P<0.05) between providers.

Costs of providing the service

This section explores the costs of providing the *My Choice Weight Management Programme*.

Table 2-9 shows the costs of delivering the Programme. As the majority of payments were based on the number of sessions hosted and GP providers recruited more participants than pharmacy providers, total costs were higher for GP providers than for pharmacy providers. Costs per participant were higher through pharmacies than through GPs. This was true throughout the course of the Programme but the gap in costs between pharmacy and GP providers narrowed as participants continued through the Programme to the point where there was no statistically significant difference in costs between providers among participants attending session 15. Again, this is a result of the larger number of participants recruited by GPs (thus allowing for distribution of, for example, training costs across a larger pool of participants). However, when controlling for the number of sessions hosted (mean number of sessions attended by participants: pharmacy=7.9; GP=6.5) pharmacy provision cost less per participant than GP provision (£19.80 per session versus £20.30 per session).

Table 2-9 Costs of the My Choice Programme by provider type. Figures are in £.

Outcomes	Pharmacy	GP	Combined
Total cost	23,230	26,970	50,200
Training[a]	3,300	3,300	6,600
Initial assessments[b]	5,490	8,040	13,530
Subsequent appointments[c]	14,440	15,630	30,070
Costs per participant (pharm. n=183; GP n=268; Comb. n=451)	**126.9**	**100.6**	111.3
*Cost per participant at session 12 (**all participants:** pharm. n=183; GP n=268; Comb. n=451)*	**117.7**	**97.3**	105.5
*Total cost per completing participant (pharm. n=102; GP n=102; Comb. n=204)**	**171.9**	**154.3**	163.1
Total cost per participant attending session 12 (pharm. n=92; GP n=75; Comb. n=167)	**174.8**	**163.2**	169.6
Total cost per participant attending session 15 (pharm. n=60; GP n=23; Comb. n=83)	181.3	178.1	180.4
Cost per participant per session (pharm. n=183; GP n=268; Comb. n=451)	19.8	20.3	20.1
*Cost per participant at session 12 (**all participants:** pharm. n=183; GP n=268; Comb. n=451)*	20.0	20.4	20.3
*Total cost per completing participant (pharm. n=102; GP n=102; Comb. n=204)**	12.8	12.7	12.8
Total cost per participant attending session 12 (pharm. n=92; GP n=75; Comb. n=167)	12.6	12.5	12.6
Total cost per participant attending session 15 (pharm. n=60; GP n=23; Comb. n=83)	**12.4**	**12.2**	12.3

Notes on Table 2-9:

- [a]Providers were reimbursed £300 for attending two days of training upon recruitment of 6 participants.
- [b]Providers were reimbursed £30 for the initial assessment of each participant.
- [c]Providers were reimbursed £10 for each consultation after the initial assessment.
- *Completion defined according to PCT-defined criterion of attendance at 75% of first 12 sessions.
- Figures in bold indicate statistically significant differences (unpaired *t*-test, P<0.05).

An indication of the cost effectiveness of the intervention is provided in the form of costs per kg of weight loss and costs per 1% of weight loss and the incremental cost effectiveness ration (ICER) at session 12 and session 15 (Table 2-10). The ICER is calculated using the following formula:

$$\frac{\text{Cost}_1\text{-Cost}_2}{\text{Outcome}_1\text{-Outcome}_2}$$

Among participants attending session 12, the cost per kg of weight loss was £57.00 with costs being higher among pharmacy providers (£74.80) than among GP providers (£43.40). Similarly costs per 1% of weight loss were £87.00 among pharmacy providers and £59.00 at GP providers (£74.30 combined). The differences between providers were statistically significant for both measures. Among participants attending session 15, the opposite pattern was observed with costs being lower among pharmacy providers than GP providers for both measures (although these differences were not statistically significant). Table 2-10 also shows the ICERs at session 12 and session 15 together with the figures used to calculate these values. At session 12 each extra kg of weight loss per

participant would cost £8.29 through pharmacy providers. Conversely, at session 15, each extra kg of weight loss per participant would cost £2.91 through GP providers.

Table 2-10 Cost effectiveness of the My Choice Programme by provider type. Figures are in £ unless otherwise stated.

Outcomes	Pharmacy	GP	Combined
Total costs per kg of weight loss			
Among participants attending session 12 (pharm. n=92; GP n=75; Comb. n=167)	**74.8**	**43.4**	57.0
Among participants attending session 15 (pharm. n=60; GP n=23; Comb. n=83)	53.4	90.0	58.9
Total costs per 1% of weight loss (where participants lost weight)			
Among participants attending session 12 (pharm. n=92; GP n=75; Comb. n=167)	**87.0**	**59.0**	74.3
Among participants attending session 15 (pharm. n=60; GP n=23; Comb. n=83)	52.3	81.7	59.1
ICER at session 12			
Total cost per participant attending session 12 (pharm. n=92; GP n=75; Comb. n=167)	174.8	163.2	
Mean weight loss at session 12 (kg)	2.4	3.8	
ICER (£ per kg per participant)	**-8.29***		
ICER at session 15			
Total cost per participant attending session 15 (pharm. n=60; GP n=23; Comb. n=83)	181.3	178.1	
Mean weight loss at session 15 (kg)	3.4	2.3	
ICER (£ per kg per participant)	**2.90***		

Notes on Table 2-10:

- *$Cost_1$ and $Outcome_1$ are GP figures; $Cost_2$ and $Outcome_2$ are pharmacy figures. Negative values indicate ICER favours GPs. Positive values indicate ICER favours pharmacy.

2.2 Analysis of the data from the SF-12 questionnaires

2.2.1 Methodology

The SF-12 is a shorter version of the Quality Metrics® health-related quality of life questionnaire, the SF-36. The SF-12 is designed to measure general health status from the patient's point of view. The SF-12 includes 8 concepts commonly represented in health surveys: physical functioning, role functioning (physical), bodily pain, general health, vitality, social functioning, role functioning (emotional), and mental health. Results are expressed in terms of two meta-scores: the Physical Component Summary (PCS) and the Mental Component Summary (MCS). By using a shorter scale (when compared to the SF-36), the instrument can fit on a single page and therefore is more likely to be completed by participants (it is estimated that the SF-12 can be completed by most participants in under three minutes without assistance) (Jenkinson and Layte, 1997).

By knowing a patient's PCS and MCS scores, one can identify whether an intervention has a positive effect on one or the other (or both) and thus a positive effect on an individuals' general health status (a positive effect would be seen by the increase in the score for the relative components).

To calculate the PCS and MCS scores, test items are scored and normalized in a complex algorithm using scoring software available from Quality Metrics®. The PCS and MCS scores have a range of 0 to

100 and were designed to have a mean score of 50 and a standard deviation of 10 in a representative sample of the US population. This means that scores greater than 50 represent above average health status. On the other hand, people with a score of 40 function at a level lower than 84% of the population (one standard deviation) and people with a score less than 30 function at a level lower than approximately 98% of the population (two standard deviations).

Questionnaire administration

The SF-12 questionnaire (version 1) was administered at baseline (session 1), at session 12 and at the end of the follow-up period (session 15). Not all Programme participants completed the SF-12 questionnaire at the three data collection points. The total numbers of completed questionnaires received from sessions 1, 12 and 15 are detailed in Table 2-11.

Table 2-11 Total number of completed SF-12 questionnaires by session number.

Provider number	Number of unique participants	Number completing SF-12 at session 1	Number completing SF-12 at session 12	Number completing SF-12 at session 15
1	14	12	1	0
2	26	24	20	11
3	8	7	4	0
4	30	29	10	0
5	4	4	1	0
6	13	13	4	0
7	10	10	2	0
8	24	23	6	0
9	30	27	29	25
10	10	10	10	10
11	6	6	2	0
12	8	7	1	0
13	29	22	5	1
14	38	33	9	4
15	29	29	15	10
16	35	33	8	1
17	17	17	5	3
18	23	23	3	0
19	14	14	11	0
20	31	29	10	1
21	17	12	3	1
22	14	11	0	0
23	20	17	6	1
24	1	0	0	0
TOTAL	451	412 (91.4%)	165 (36.6%)	68 (15.1%)

SF-12 physical component summary (PCS) and mental component summary (MSC) scores were calculated using Quality Metric Health Outcomes Scoring Software v4.0. As a number of Programme participants had not completed the questionnaire at one or more of the data collection points, results were tabulated for two pools of participants. The first pool consisted of participants who had completed the SF-12 questionnaire at both session 1 and session 12 (n=154) and the second pool of participants who had completed the SF-12 questionnaire at both session 1 and session 15 (n=64). In

addition, the session 12 scores for the participants who had completed the SF-12 questionnaire at both session 1 and session 15 were also calculated. There were a number of cases where a participant had completed a questionnaire at session 12 but not session 1 (n=11) or in session 15 but not session 1 (n=4). Table 2-12 contains details of the number of participants included in the analysis of the results from the SF-12 questionnaires by provider.

Table 2-12 The number of participants included in the final analysis of the SF-12 questionnaires by provider.

Pharmacy providers			GP surgery providers		
Provider number	**Number of participants who had completed the SF-12 at session 1 and session 12**	**Number of participants who had completed the SF-12 at session 1 and session 15**	**Provider number**	**Number of participants who had completed the SF-12 at session 1 and session 12**	**Number of participants who had completed the SF-12 at session 1 and session 15**
1	1		13	5	1
2	19	11	14	6	2
3	4		15	15	10
4	9		16	8	1
5	1		17	5	3
6	4		18	3	
7	2		19	10	
8	6		20	9	1
9	26	23	21	2	1
10	10	10	22		
11	2		23	6	1
12	1		24		
TOTAL (n=12)	**85**	**44**	**TOTAL (n=12)**	**69**	**20**

Scoring

Average PCS and MCS values for each site were calculated as shown in Table 2-13 for session 12 and Table 2-14 for session 15. In addition, mean PCS and MCS scores were calculated for the pooled pharmacy and GP surgery groups (see Table 2-13 and Table 2-14). The baseline values for each site will vary between session 12 and session 15 owing to differences in the number of patients completing the questionnaire in sessions 12 and 15.

Table 2-13 Mean PCS and MCS values for each site at baseline and session 12 (sites with no questionnaire returns for session 12 have been omitted).

Site	Number	PCS session 1	MCS session 1	PCS session 12	MCS session 12	Change PCS session 12	Change MCS session 12
1	1	40.11	64.51	50.39	60.96	10.28	-3.55
2	19	45.03	46.87	51.47	48.70	6.44	1.84
3	4	47.41	44.00	51.87	51.85	4.47	7.85
4	9	49.38	42.68	49.67	48.85	0.29	6.16
5	1	55.48	43.00	49.44	49.86	-6.04	6.86
6	4	45.13	52.11	49.20	50.60	4.07	-1.52
7	2	44.54	47.34	46.07	34.62	1.53	-12.72
8	6	42.90	40.70	50.99	50.55	8.10	9.85
9	26	44.05	53.24	48.95	58.08	4.89	4.84
10	10	38.65	54.58	43.79	60.49	5.14	5.91
11	2	52.73	55.93	46.42	58.79	-6.32	2.86
12	1	56.09	53.13	49.88	56.28	-6.21	3.15
Mean (n=12)	**85**	**44.77**	**49.42**	**49.18**	**53.49**	**4.41**	**4.08**
13	5	42.78	41.66	42.56	51.42	-0.22	9.76
14	6	46.20	49.57	49.72	50.66	3.52	1.09
15	15	43.01	49.68	48.40	58.29	5.39	8.61
16	8	45.06	54.69	48.55	55.18	3.48	0.49
17	5	35.09	44.32	39.92	52.07	4.82	7.75
18	3	49.33	49.70	49.62	59.86	0.29	10.16
19	10	44.30	48.07	53.05	49.58	8.75	1.51
20	9	42.52	49.18	44.81	56.46	2.29	7.28
21	2	41.48	43.68	54.67	57.00	13.19	13.32
23	6	47.54	40.61	48.79	51.42	1.25	10.81
Mean (n=11)	**69**	**43.68**	**48.02**	**47.97**	**54.25**	**4.29**	**6.23**
OVERALL (n=23)	**154**	**44.28**	**48.79**	**48.64**	**53.83**	**4.35**	**5.04**

Table 2-14 Average PCS and MCS values for each site at baseline and session 15 (sites with no questionnaire returns for session 15 have been omitted).

Site	Number	PCS session 1	MCS session 1	PCS session 15	MCS session 15	Change PCS session 15	Change MCS session 15
2	11	46.83	49.48	52.42	51.06	5.59	1.57
9	23	44.61	53.51	48.22	54.65	3.61	1.14
10	10	38.65	54.58	40.84	47.41	2.19	-7.17
Average (n=3)	**44**	**43.81**	**52.75**	**47.59**	**52.10**	**3.78**	**-0.64**
13	1	51.44	35.07	56.99	55.70	5.55	20.63
14	2	46.92	47.00	49.68	56.99	2.76	9.99
15	10	39.69	51.42	45.18	56.50	5.50	5.07
16	1	51.49	56.70	48.37	59.25	-3.12	2.55
17	3	28.95	46.25	35.16	55.30	6.22	9.04
20	1	37.12	50.76	47.75	58.62	10.63	7.86
21	1	31.90	38.69	48.44	63.92	16.54	25.23
23	1	39.94	34.10	55.86	56.93	15.92	22.83
Average (n=9)	**20**	**39.47**	**48.12**	**45.70**	**56.96**	**6.23**	**8.85**
Overall (n=12)	**64**	**42.45**	**51.30**	**47.00**	**53.62**	**4.55**	**2.32**

Owing to the variable – and generally low – numbers of returns from sites, the data were grouped and analyses performed on the differences between the pharmacy providers and the GP providers for session 12 and session 15 data.

Comparison between respondents and non-respondents

To examine for respondent bias, a comparison between the PCS and MCS scores for session 1 between the respondents who completed a questionnaire only at session 1 and for those respondents who completed a questionnaire at session 1 and session 12 (including both those who did and did not also complete a questionnaire at session 15) was undertaken. In addition, a comparison between the PCS and MCS scores for session 1 between the respondents who completed a questionnaire only at session 1 and for those respondents who completed a questionnaire at session 1, session 12 and session 15 was undertaken. The results from these two comparisons, using independent-samples *t*-tests, are tabulated in Table 2-15 and Table 2-16 below.

Table 2-15 Results from the independent-samples *t*-tests from responders and non-responders for session 1 for the respondents who completed a questionnaire only at session 1 and for those respondents who completed a questionnaire at session 1 and session 12.

Score	Mean (SD) session 1 for only session 1 completers (n=258)	Mean (SD) session 1 for completers of session 1 and session 12 (n=154)	P value
PCS	42.55 (10.17)	44.28 (9.78)	0.090
MCS	43.85 (11.04)	48.79 (10.04)	0.000

Table 2-16 Results from the independent-samples *t*-tests from responders and non-responders for session 1 for the respondents who completed a questionnaire only in session 1 and for those respondents who completed a questionnaire in session 1, session 12 and session 15.

Score	Mean (SD) session 1 for only session 1 completers (n=258)	Mean (SD) session 1 for completers of session 1, session 12 and session 15 (n=64)	P value
PCS	42.55 (10.17)	42.45 (10.84)	0.947
MCS	43.85 (11.04)	51.30 (9.41)	0.000

Therefore, it would appear that although there are no differences at baseline for the PCS scores between those participants who only completed a questionnaire in session 1, compared to those who completed a questionnaire in session 12 or those who completed a questionnaire in both session 12 and session 15, there are differences in the MCS scores between these groups.

Furthermore, to examine for any additional respondent bias, a comparison between the PCS and MCS scores for session 1 between those questionnaire completers where their success status had been established from the analysis of the data from section 2.1.3 was undertaken (where success was taken to be at least a 5% loss in weight at session 12). A total of 46 participants were classified as successful, of which 44 had completed an SF-12 questionnaire in session 1, and a total of 121 participants were classified as unsuccessful, of which 113 had completed an SF-12 questionnaire in session 1. The result of this analysis, using independent-samples *t*-tests, is shown in Table 2-17.

Table 2-17 Results from the independent-samples *t*-tests for session 1 for the respondents who were classified as successful and unsuccessful with the Programme from the analysis of the clinical data.

Score	Mean (SD) session 1 for successful participants (n=44)	Mean (SD) session 1 for unsuccessful participants (n=113)	P value
PCS	46.23 (9.22)	43.35 (9.97)	0.100
MCS	48.42 (9.76)	48.69 (10.07)	0.879

Therefore, no differences were seen in the baseline sores for the SF-12 questionnaire for either the PCS or MCS scores between those individuals who were successful and those who were unsuccessful on the Programme.

2.2.2 Results

Session 12 analysis

Table 2-18 provides a summary of the data for both PCS and MCS scores from pharmacy and GP surgery providers from baseline to session 12.

Table 2-18 Summary of the data for PCS and MCS scores from session 12 for pharmacy and GP surgery providers.

Provider		PCS session 1	PCS session 12	MCS session 1	MCS session 12
Pharmacy	Mean (n=85)	44.77	49.18	49.42	53.49
	SD	9.32	7.08	9.97	8.44
GP Surgery	Mean (n=69)	43.68	47.97	48.02	54.25
	SD	10.35	9.41	10.15	7.08
Overall	Mean (n=154)	44.28	48.64	48.79	53.83
	SD	9.78	8.20	10.04	7.84

Independent-samples *t*-tests were used to compare the differences in session 1 scores for PCS and MCS means between participants from pharmacies and GP surgeries. No statistical differences in

baseline scores were observed between pharmacy and GP providers (P=0.494 and 0.393 respectively).

Paired-samples *t*-tests were used to compare the session 1 and session 12 mean scores between participants from pharmacies and GP surgeries. All values increased and the differences between session 1 and session 12 were all statistically significant. The results are outlined in Table 2-19.

Table 2-19 Results from the paired-samples *t*-tests from session 1 and session 12 for participants from pharmacies and GP surgeries.

Provider	Score	Mean (SD) session 1	Mean (SD) session 12	P value
Pharmacy (n=85)	PCS	44.77 (9.32)	49.18 (7.08)	0.000
	MCS	49.42 (9.97)	53.49 (8.44)	0.001
GP Surgery (n=69)	PCS	43.68 (10.35)	47.97 (9.41)	0.000
	MCS	48.02 (10.15)	54.25 (7.08)	0.000
Overall (n=154)	PCS	44.28 (9.78)	48.64 (8.20)	0.000
	MCS	48.79 (10.04)	53.83 (7.84)	0.000

Finally, independent-samples *t*-tests were used to compare the differences in session 12 scores for PCS and MCS means between participants from pharmacies and GP surgeries. No statistically significant differences were seen between the session 12 scores of pharmacy and GP participants (P=0.378 and 0.555 respectively).

Session 15 analysis

Table 2-18 provides a summary of the data for both PCS and MCS scores from pharmacy and GP surgery providers from baseline to session 15.

Table 2-20 Summary of the data for PCS and MCS scores from session 15 for pharmacy and GP surgery providers.

Provider		PCS session 1	PCS session 15	MCS session 1	MCS session 15
Pharmacy	Mean (n=44)	43.81	47.59	52.75	52.10
	SD	10.26	8.64	8.18	6.73
GP Surgery	Mean (n=20)	39.47	45.70	48.12	56.96
	SD	11.75	10.46	11.26	5.58
Overall	Mean (n=64)	42.45	47.00	51.30	53.62
	SD	10.84	9.21	9.41	6.74

Independent-samples *t*-tests were used to compare the differences in session 1 scores for PCS and MCS means between participants from pharmacies and GP surgeries. No statistically significant differences were seen between the baseline scores (P=0.139 and 0.109 respectively).

Paired-samples *t*-tests were used to compare the session 1 and session 15 mean scores between participants from pharmacies and GP surgeries. The results are outlined in Table 2-21.

Table 2-21 Results from the paired-samples *t*-tests from session 1 and session 15 for participants from pharmacies and GP surgeries.

Provider	Score	Mean (SD) session 1	Mean (SD) session 15	P value
Pharmacy (n=44)	PCS	43.81 (10.26)	47.59 (8.64)	0.017
	MCS	52.74 (8.18)	52.10 (6.73)	0.710
GP Surgery (n=20)	PCS	39.47 (11.75)	45.70 (10.46)	0.006
	MCS	48.12 (11.26)	56.96 (5.58)	0.001
Overall (n=64)	PCS	42.45 (10.84)	47.00 (9.21)	0.000
	MCS	51.30 (9.41)	53.62 (6.74)	0.120

Independent-samples *t*-tests were used to compare the differences in session 15 scores for PCS and MCS means between participants from pharmacies and GP surgeries. No statistically significant difference was seen for PCS but for MCS, a statistically significant difference was observed between the session 15 scores (P=0.452 and 0.004 respectively).

Further analysis of the session 12 results for the participants included in the session 15 analysis pool was undertaken (n=64). Table 2-22 provides a summary of the data for both PCS and MCS scores from pharmacy and GP surgery providers from baseline to session 12 for the participants in the session 15 pool.

Table 2-22 Summary of the data for PCS and MCS scores from session 12 for pharmacy and GP surgery providers in the session 15 analysis pool.

Provider		PCS session 1	PCS session 12	MCS session 1	MCS session 12
Pharmacy	Mean (n=44)	43.81	49.09	52.75	56.17
	SD	10.26	7.07	8.18	7.46
GP Surgery	Mean (n=20)	39.47	44.23	48.12	56.39
	SD	11.75	11.15	11.26	5.12
Overall	Mean (n=64)	42.45	47.57	51.30	56.24
	SD	10.84	8.76	9.41	6.77

Paired-samples *t*-tests were used to compare the session 1 and session 12 mean scores between participants from pharmacies and GP surgeries in the session 15 analysis pool. The results are outlined in Table 2-23.

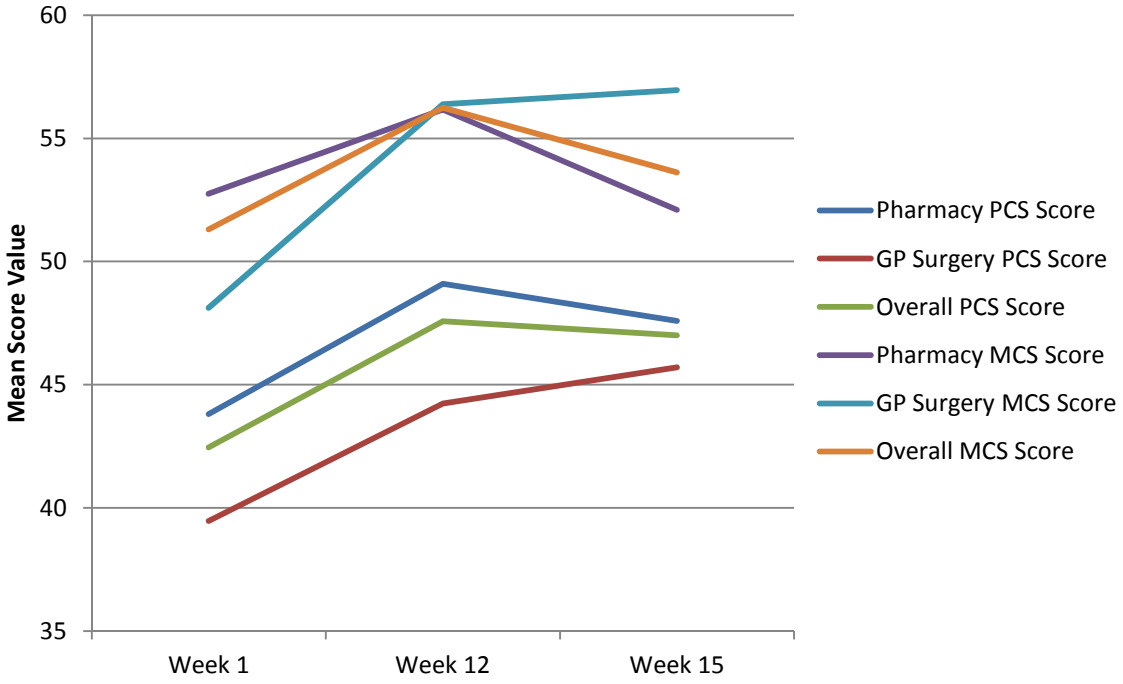
Table 2-23 Results from the paired-samples *t* tests from session 1 and session 12 for participants from pharmacies and GP surgeries in the session 15 analysis pool.

Provider	Score	Mean (SD) session 1	Mean (SD) session 12	P value
Pharmacy (n=44)	PCS	43.81 (10.26)	49.09 (7.07)	0.000
	MCS	52.75 (8.18)	56.17 (7.46)	0.047
GP Surgery (n=20)	PCS	39.47 (11.75)	44.23 (11.15)	0.027
	MCS	48.12 (11.26)	56.39 (5.12)	0.001
Overall (n=64)	PCS	42.45 (10.84)	47.57 (8.76)	0.000
	MCS	51.30 (9.41)	56.24 (6.77)	0.001

Finally, independent-samples *t*-tests were used to compare the differences in session 12 scores for PCS and MCS means between participants from pharmacies and GP surgeries within the session 15 analysis pool. No statistically significant differences were observed between the session 12 scores (P=0.085 and 0.905 respectively).

The overall PCS and MCS score pattern for the 64 participants who undertook SF-12 questionnaires at all three data collection points is shown in Figure 2-2.

Figure 2-2 The change in mean PCS and MCS scores for pharmacy participants, GP surgery participants and overall at sessions 1, 12 and 15 for the session 15 analysis pool (n=64).



Chapter 3 The views of the Programme participants and deliverers

3.1 The views of the Programme participants (interviews)

3.1.1 Methodology

Semi-structured telephone interviews were conducted with ten participants who had completed the Programme and ten participants who had not completed the Programme. The aim of the interviews was to collate the views and experiences of the participants within the Programme and also to inform the development of the questionnaire, which was sent to all (remaining) participants (see section 3.2).

Interview schedules for both completers and non-completers (see Appendices A1 Interview Schedule – Programme Completers; and A2 Interview Schedule – Programme Non-completers for copies of the final versions) were developed and circulated to members of the Aston Project Team for comment. These questions were then refined and sent to the Primary Care Trust for review. Following minor further amendment, the schedules were finalised for use.

Names and telephone numbers were received from the Primary Care Trust for all participants from each provider. Participants were then called during the daytime (between 09:00 and 17:00), Monday to Friday, and interviewed in English using the predesigned schedule. The schedules were developed iteratively over the course of the first few interviews in order to improve the structure of the conversation.

An attempt was made to obtain participants for telephone interview who had undertaken the Programme via a range of providers and had attended differing total numbers of appointments. Therefore participants were not chosen completely at random but were stratified, where possible, by provider type, provider location and level of attendance.

The interviews were all digitally recorded and transcribed verbatim to enable subsequent thematic analysis by constant comparison. In total 118 participants were contacted with 20 participants subsequently being interviewed.

3.1.2 Results from the Programme participants (interviews)

A major purpose of the telephone interviews was to gain the views of a selection of Programme participants (both Programme completers and Programme non-completers) to assist in the development and design of the participant questionnaire. Nevertheless, the resultant transcripts from the interviews were also subjected to detailed thematic analysis and this section outlines the key findings, which have been tabulated to compare the views of the participants who undertook the Programme at their GP surgery with the views of those participating at their community pharmacy. Where applicable, results from the open questions from the participant questionnaire (see section 3.2) have also been included for comparison.

Previous participation in a similar programme

Firstly, participants were asked whether they had taken part in any weight management programmes before.

GP participants	Pharmacy participants
For most participants this Programme was the first weight loss programme that they had taken part in. One participant had previously "*tried to cut down basically and* [take] *more exercise*" and another had "*tried the Atkins diet*".	All participants that had been interviewed stated that they had not participated in a weight loss programme prior to joining this Programme.

Reason for participation

Next, participants were asked why they decided to take part in the *My Choice Weight Management Programme*.

GP participants	Pharmacy participants
The majority of participants decided to join the Programme because of health reasons and an acknowledgement that they "*needed to lose some weight and needed some assistance*" and also because it was free to join.	Participants decided to take part because: • They "*wanted to*". • The Programme was free and service provider location was convenient. • They wanted to maintain weight lost previously. • They wanted to get "*as much information* [as] *I can get*". • They wanted to lose post pregnancy weight. • Of an awareness of being overweight.

Preferred mode of transport

When asked about their preferred method of transport to get to the appointments, in all cases, walking appeared to be the mode of transport of choice.

GP participants	Pharmacy participants	Survey respondents (additional open responses)
Walking was the most favoured option for completers and non-completers followed by the car. Two participants stated a preference for the bus.	Walking was the most favoured option for completers and non-completers followed by the car.	Walking was the most preferred method.

Preference for provider

Participants were next asked, "*If there had been a choice, would you have preferred to go to a pharmacy or a GP surgery to take part in the My Choice Weight Management Programme?*".

GP participants	Pharmacy participants	Survey respondents (additional open responses)
Reasons for choosing to take part at the GP surgery included: • "*I like the doctor's surgery better*". • "*I like the nurse and we had a nice relationship. She was encouraging and supportive*". • "[because] *they've got a big place, rooms*". • "*More private*".	Preference for joining the Programme at a pharmacy was based on • Participants being familiar and comfortable with the pharmacist. • Proximity to the service provider. • Pharmacy having a private consultation area. • Convenience. • Friendly, helpful pharmacy staff.	Participants who attended sessions at a pharmacy did so because of the "*longer opening times*". Those who attended sessions at their GP surgery did so because they were familiar with the nurse, "*it's more private*" and a perception that "*the nurse can spend more time with me*".

Publicity

Participants were asked how they found out about the *My Choice Weight Management Programme*.

GP participants	Pharmacy participants	Survey respondents (additional open responses)
Participants found out about the Programme via posters and leaflets displayed in the surgery. The Programme was also recommended to patients by their GPs or nurses during consultation. A number of patients who asked for advice on weight loss were referred to the Programme. One participant was invited to take part in the Programme via a letter from the surgery.	Participants found about the Programme through • Leaflets/posters inside the pharmacy. • Posters in the pharmacy window. • Recommendation from friends/family. • Recommendation from pharmacist or pharmacy staff.	Participants were referred onto the Programme via healthcare assistants, nurse, or GP.

Joining the Programme - process

Next, participants were asked their opinions of how easy it had been to join the Programme.

GP participants	Pharmacy participants
Consensus of opinion amongst completers and non-completers appeared to be that it was 'easy' to join the Programme.	Completers and non-completers agreed that joining the Programme was 'very easy' simply requiring the completion of a form.

Support received

Participants were asked "*Did the staff at the pharmacy/GP surgery provide enough support?*".

GP participants	Pharmacy participants
Both completers and non-completers found staff at the surgeries to be "*good*" and supportive.	Consensus of opinion appeared to be that the support provided by staff at the pharmacy was "*good*" and that the staff were "*very understanding and if you* [had] *like a bad session and you gained weight they were very supportive and helped you work out where that extra weight had come from*".

Participants were also asked whether they received support from other areas (e.g. family, friends).

GP participants	Pharmacy participants
Participants received support from their "*kids*", "*husband*" and "*family*".	On the whole, participants were supported by their family and "*husband*".

Information provided to participants - was it understood

A section of the interviews was dedicated to eliciting participants' opinions on the information they were provided about the Programme. The questions included:

- How much information were you given about the Programme?
- How good were the staff at the pharmacy/GP surgery in giving you the information you needed during each visit to help you to lose weight?
- Did someone talk to you to give you information about the Programme or were you given information to read (or both)?
- What information were you given about the Programme?
- Did you find that useful?
- How easy was it to understand what you had to do?

GP participants	Pharmacy participants
Completers and non-completers agreed that the staff were "*very good*" at providing information on the Programme. At the first appointment, participants were given a folder containing information and a new chapter (a leaflet) was introduced at each session thereafter, which participants subsequently filed into their folders. However one participant commented "*I would have much rather had the whole book in one go so I could pick and choose and read through it and just kind of implement it as I went along but have all the information rather than constantly go back and get bits and pieces.*" Generally most participants commented that the staff at the surgery did explain the contents of each leaflet. Participants also found it "*easy*" to understand what they had to do. One participant described it as "*common sense*".	Aside from one participant there was consensus of opinion from both completers and non-completers that it was "*easy*" to understand what they had to do because the healthcare assistants "*explained everything thoroughly*". Comments included "*She explained it and it was quite easy*".

Beliefs on the relative ease of attending the scheduled sessions

Participants were asked how easy they found it to attend the twelve weekly sessions and the (up-to-three) follow up sessions.

GP participants	Pharmacy participants
"*Yes I'm not working so I've got all the time in the world to be honest*". "*OK, I went every time*".	Most completers found it "*easy*" to attend the twelve-session Programme although one participant's hectic lifestyle made it "*more difficult*". Another participant spoke about the encouragement received from healthcare assistants which made the patient feel "*looked after*" and measurements provided a gauge to monitor weight loss "*like I say she checked my blood pressure, weight and waist every time and you get excited because you're losing weight*" this in turn resulted in the patient "*enjoying it, looking after myself and seeing that I was losing a bit of weight*".

Making appointments

Participants were asked if it was easy to make appointments with the staff at the pharmacy/GP surgery

GP participants	Pharmacy participants
The majority of participants reported no problems in making regular appointments. One participant stated "*The appointments were a bit difficult because I found it was quite a popular programme so appointments, they weren't as regular as they probably should have been… I remember it was only one nurse that was doing the Programme that you could see and getting appointments proved to be rather difficult… He was booked out well in advance so to start off with where the appointments should have probably have been weekly they were probably fortnightly or less frequent than that so it was problematic getting appointments*".	Consensus of opinion amongst completers and non-completers was that "*it was very, very easy*".

Having measurements taken

The opinions of participants regarding having their measurements taken were also explored.

GP participants	Pharmacy participants	Survey respondents (additional open responses)
There appeared to be a consensus of opinion that having measurements taken was "*useful*", e.g. "*that was really good because that was one of the things that even on the sessions that I didn't think I did well and there was a difference in measurement, that was quite up-lifting and also knowing that I was going to be measured made me a little bit more careful*".	There appeared to be a consensus of opinion that having measurements taken "*motivates you to lose weight*" and "*it was quite good to have that encouragement because I knew at the end of the session someone was going to weigh me so then I was pushing myself more which was good, I found that really good*".	Having measurements taken enabled patients to track their progress on a routine basis, which some participants found encouraging and helped with motivation to continue to lose weight.

Goals/target setting

Responses to the question "*Did you find setting targets every session useful?*" are summarised below.

GP participants	Pharmacy participants
Generally the view was that targets were considered to be "*useful*". However, one participant experienced difficulties with making regular appointments resulting in lack of feedback as to whether the targets had been achieved.	Targets were viewed as "*good*" and "*useful*".

Ease of following the Programme

Participants were asked the question "*Did you find it easy to follow the weight management programme and fit changes into your day-to-day life?*".

GP participants	Pharmacy participants
Consensus of opinion appeared to be that the Programme was easy to follow, however, two non-completers found it difficult to make the necessary changes and incorporate them into day-to-day life, e.g. "*think the theory behind it was quite easy to get onboard with but implementing with it, that was a case of changing habits so it was a lot more difficult to do in practice*".	Both completers and non-completers appeared to find the Programme easy to follow. Interviewees also found it relatively straightforward to incorporate changes into their day-to-day life as it was "*all sensible stuff really*". The convenience of participating at a local pharmacy also helped, e.g. "*I needed to go to the chemists to get milk powder or anything… it was convenient, I didn't have to go out of my way to go*", as did keeping a food diary, e.g. "*I put things down and I notice where I was eating a lot so it was really good to put things down and understand, the times I was eating*".

Benefits of the Programme and changes made

In addition to weight loss, interviewees were asked to describe any additional benefits that thought they had noticed through participating in the Programme.

GP participants	Pharmacy participants	Survey respondents (additional open responses)
Aside from weight loss, participants noticed the following benefits: • "*I think more of an awareness* [of healthy eating and the benefits of taking regular exercise] *and I think a knock on awareness onto the family*". • "I *can walk longer*". • "*My clothes fit*".	Participants spoke of the following benefits of losing weight: • "*Waist gets smaller*". • "*My clothes are now fitting much better*". • "*A lot of energy*". • "*Lot happier in myself*". • "*My confidence started to come back*". • "*Maybe it is psychological but you always think that you look good, it just makes you in a better mood*".	• "*Feel less sluggish and able to play with my children more. More energy!*". • "*Raised awareness made me think more about my diet and lifestyle*". • "*Other people noticed that I had lost weight and complimented me*".

Changes made

Participants were asked, "*Has the Programme helped you to make changes to your day-to-day life? If yes, what are they?*"

Pharmacy participants
Changes made to day-to-day life include: • Greater portion control. • An increase in the consumption of water. • "*...eating more healthy food*".

Interviewees were also asked to describe any changes in the amount of activity that they undertook and to briefly outline the main changes that they had made.

GP participants	Pharmacy participants
Since going onto the Programme, the main form of exercise that participants incorporated into their day-to-day life was "*walking*". One patient also purchased an exercise bike and an "*abs cruncher*".	Regardless of whether interviewees had completed the Programme or not, patients were more aware of the need to exercise and this was mainly in the form of walking. One participant tried to incorporate running as part of daily exercise but experienced difficulty with getting up in the morning resulting in irregular exercising. Another participant commented on noticing increased levels of energy attributed to exercise "*Exercise wise I feel I do feel a lot fitter because I know what my body can take now, before I used to say 'I'm going to get tired' but I realise that exercise actually helps me not to be tired, energises me*".

Subsequently, interviewees were asked "*Have you made any changes to your diet? If yes, what were the main changes?*".

GP participants	Pharmacy participants	Survey respondents (additional open responses)
Interviewees described being more aware of healthy eating, portion control, their consumption saturated and unsaturated fats, the importance of eating regular meals and drinking water. Changes made include: • "*Yes I have, I mean in conversation, things that came out about using olive oil is good but not cooking with it because it then becomes saturates and things like that, good fat becomes not so good fat and things like that, I learnt things along the way so that was really useful*". • "*I'm actually eating a lot more fruit*". • "*I've widened the variety of the food I eat*". • "*My main problem was snacking, crisps and stuff like that, what I've learnt on the Programme is that I can still have my snack but to substitute it maybe like a piece of fruits which is something that I would never have dreamt of before*". • "*I have small portions*". • "*Not picking, I don't have no crisps and biscuits*". • "*I started to have breakfast, because that was another downfall not having breakfast and then trying not to eat after 7 o'clock at night and she said when you feel hungry have water is what you need and most cases it was water because as soon as I drank the water I felt better*".	Interviewees found the leaflets on food very helpful which raised awareness of the salt and sugar content of food and the need for balanced meals that incorporated fruit and vegetables. Consequently, participants were able to make informed choices about their diet e.g. substituting fruit/vegetables for snacks such as crisps, reading food labels, reducing portion sizes, reducing red meat consumption.	• "*I substitute foods for ones with lower calories*". • "*I am better off at work and I eat less sugary foods*". • "*I actually eat more regularly than I did before and at proper times so I would say I eat more times a day e.g. three times but smaller portions*". • "*I am now very aware of my food intake*".

Maintaining lifestyle modifications

Participants were asked if they felt that they would be able to maintain the changes they had made to their diet and/or exercise regimes as time progressed.

GP participants	Pharmacy participants
"*I've tried very hard, I have my good days and bad days but I have tried*".	One participant stated "*yes*".

Where questionnaire respondents had indicated that they did not feel they would be able to maintain the lifestyle modifications they had made they were then asked "*Why do you not feel you would be able to keep up the changes you have made since starting the My Choice Weight Management Programme?*".

Survey respondents (additional open responses)
• "*To busy at work to manage food properly*". • "*My motivation stopped when my weight loss stopped*". • "*I became pregnant so I could not finish the Programme*".

Signposting to related services

Interviewees were asked whether they had been informed by providers of other activities in their local area (e.g. *Be Active*, walks programme, Size Down group weight management programme etc.) that they could attend.

GP participants	Pharmacy participants	Survey respondents (additional open responses)
Two interviewees stated that they were not informed of planned activities such as ***Be Active***. Of those that were informed of other activities, one interviewee described how he/she considered the cost of going to the gym to be a barrier to taking exercise.	Most interviewees were informed of planned activities in their area and those with young children were encouraged to incorporate walking into their day-to-day routines or advised to exercise at home if childcare constraints prevented them from joining planned activities "*I just did my own thing because I've got problems with child minding, I went to a nearby park where there's basketball… so that's where I went to play basket ball with my husband and walks on my own with the baby*".	Participants generally followed their own exercise plan i.e. attending "*Zumba dance*", going to the local gym, exercising at home, etc.

Leaflets

Interviewees were asked their opinions on the educational leaflets that they were provided with throughout the Programme.

GP participants	Pharmacy participants
Participants found the leaflets on food, healthy eating and portion control useful and having a folder enabled patients to keep the leaflets and refer back to the leaflets.	Overall, there was consensus of opinion that the information provided in the leaflets was of great benefit to patients particularly the leaflets on sugar/fat content, healthy eating Patients with children were then more informed about the meals they prepared and foods consumed by their family. Information on the amount of calories burned by activity undertaken such as walking was also considered to be useful.

Positive aspects of the My Choice Weight Management Programme

Participants were asked "*Which parts of the Programme do you think are the most useful to help people lose weight?*" and "*In your opinion, what was good about the My Choice Weight Management Programme?*".

GP participants	Pharmacy participants	Survey respondents (additional open responses)
Interviewees found the information on food, e.g. calorie content, healthy options, portion control etc., very useful. The provision of support was also identified as useful in helping participants to lose weight, e.g. "*just having somebody there to lean on to encourage you even when you had a bad day*". The Programme appeared to help to motivate patients to lose weight and the maintain weight loss after completion of the Programme. Provision of "*bite size*" information/advice and regular contact with a healthcare assistant ensured that patients felt supported "*I suppose you do it more if someone is watching you don't you, you keep to it more so to speak than leaving it to your own devices*".	All interviewees, whether they completed the Programme or not, benefited from the information provided in the leaflets which raised awareness of healthy eating and the need to exercise. The follow-up meetings and having measurements taken were also found to be helpful. • **"***The weekly follow up meetings as they kind of focus you every session to make sure that you are achieving what you're supposed to be achieving*". • "*Being measured, I think my appointments were every two sessions so I think that was a brilliant thing because it motivates you to lose weight and carry on with the exercise*". Positive points on the Programme include: • "*It wasn't just diet, it was exercise as well, it was a whole lifestyle thing*". • "*Just to have someone who can keep you on track because it's hard to*". • "*Straightforward method of monitoring weight*". • "*Just have really small portions*". • "*Eating healthily*". • "*Instead of saying don't eat they were saying swap this for that*".	"*Having weight taken*" and "*Knowing you have support each session*" were considered to be most useful. Aspects of the Programme that were "good" were as follows: • "*It gave me life-long habits and goals*". • "*Helped me get up in the morning*". • "*It allowed me to look back and see that I had improved and also how bad my diet was when I started so it was good reference and still is*". • "*I have kept my blood pressure down*". • "*I felt I was in control of my diet*".

Negative aspects/difficulties experienced on the My Choice Weight Management Programme

Interviewees were asked to describe any negative aspects or difficulties they had experienced during their involvement with the Programme.

GP participants	Pharmacy participants	Survey respondents (additional open responses)
Generally interviewees did not report any difficulties with the Programme itself which was considered to be informative and "*basic stuff, common sense*". However participants did experience difficulty with issues such as support, motivation and incorporating changes into day-to-day life i.e. • "*It would have been nice to have done it with somebody… it would have been nice to have worked alongside somebody else going through the process as well*". • "*I should imagine it's when you're going out and you see all this food in the shops and you pass the cake shop and you think oh god, no I'm not having it and I didn't*". • "*Having the motivation to keep going*". • "*Just fitting it in*".	Interviewees reported finding the following aspects difficult • Maintaining the changes they had made (whilst on the Programme) after the Programme ended. • Forming good eating habits. • Going through the Programme on their own i.e. "*maybe doing it with other people would be a lot of motivation*".	"*I found it difficult making changes to my diet*". "*After the Programme finished, I found it hard to stay off snacking*".

Reasons for non-completion

Non-completing participants were asked to outline why they had not completed the Programme.

GP participants	Pharmacy participants	Survey respondents (additional open responses)
Non-completion of the Programme was attributed to a number of reasons: • Loss of interest i.e. "*by about the fourth session it became a bit boring*". • Health related issues such as illness or hospitalisation. • Not seeing the results fast enough "*I found that I wasn't losing any weight as quickly as I wanted or wasn't seeing results and I just sort of gave up after a while*". • Personal issues "*I had some other commitments*".	• Transferring to the Cambridge diet. • Personal issues and family commitments. • Going on holiday and then losing track. • Pregnancy. • Work patterns i.e. shift work preventing the patient from attending appointments.	Participants did not complete for a variety of reasons i.e. not losing weight, personal issues, pregnancy, and not having the necessary "*will power*".

Preference for one-to-one sessions or group

Interviewees were asked "*Would you have preferred to attend a weight management programme in an organised group session rather than individual appointments?*".

GP participants	Pharmacy participants
There was a plurality of views regarding preference for one-to-one sessions with a healthcare assistant or group sessions. Non-completers appeared more likely than completers to express a preference for group sessions: • "*Having somebody to encourage you or even compete with helps to make you more conscientious of what you're doing rather than if you're competing with yourself your goals get less and less*". • "*I think if it was more of a group thing, I think it would have probably have been like something you keep up with but because it was all on your own, you just can't implement it*". • "*Yes and then we can all support each other*". • "*To be honest if I did have the group session it would be easy because you needed to see how people achieving their diets*".	Interviewees who preferred one-to-one sessions appeared to do so because it enabled them to take their children with them without "*disturbing anybody*". One-to-one sessions also appeared to suit participants with low confidence. Some preference for group sessions was stated for in order to provide added motivation from comradeship/competition.

Recommend the Programme

The penultimate question in the interview schedules asked the participants whether they would recommend the *My Choice Weight Management Programme* to anyone else.

GP participants	Pharmacy participants
Consensus of opinion from completing and non-completing interviewees appeared to be that they would be happy to recommend the Programme to other people.	A number of interviewees stated that they had already recommended the Programme to others. Those who had yet to recommend the Programme reported that they would be happy to do so.

Suggestions

Finally, interviewees were asked if they had any suggestions to help individuals lose weight. As with a number of the other comparisons within this section, the views of the survey respondents have also been included.

GP participants	Pharmacy participants	Survey respondents (additional open responses)
Suggestions for improving the programme include: • Incorporate an exercise programme into the Programme: "*It would have been nice if these surgeries did have an exercise place included where you could go, and it was free*". • Make all the information available online: "*It was something was possibly like on the internet easy to access I don't know if it is but rather than having to go in and get the information*". • Make the Programme available more locally. • Change the weekly sessions to bi-weekly sessions.	Overall, interviewees were happy with the Programme and had also recommended it to other people. However a few participants stated that there could have been "*a bit more awareness*" of the Programme to ensure that more people knew of it. Suggestions for improving the Programme include: • Provide crèche facilities. • Make the Programme available in community centres. • Hold group sessions. • Incorporate an exercise programme or access to a personal trainer.	Overall, most participants were very happy with Programme. "*I think it is a good programme as it is free and not everyone can afford to pay to go to weight loss group, e.g. Weight Watchers and plus you can make the appointment when it suits you*". "*I found the Programme very informative, easy to follow and had support all the way through. I found doing a food and activity diary helped me a lot and also the reading food labels especially when I got to buy food*". Suggestions for improving the Programme include: • "*Should be available to patients with a lower BMI who are slightly overweight. Some family members who have a medical condition such as BP, high cholesterol may have benefited from the Programme even though their weight was not a problem*". • "*Would like to see it being more than 12 sessions*". • "*I would like to have an ongoing programme to help keep me motivated. I*

am seeing the nurse at the GP clinic at the moment".

- "*Follow up support very important*".
- "*Personally I would have liked some sort of reward at the end like say a certificate to say 'CONGRATULATIONS! You have successfully completed* [the] *My Choice Weight Management Programme Keep up the good work!'*".
- "*I think there should be more information on healthier alternatives pertaining to different types of food/cooking because I find you only have information on British cooking and not all people cook British food e.g. Caribbean food finding healthier alternative ingredients you use in that type of cooking*".
- "*The person should be professionally trained*".
- "*Not all the staff had a good knowledge of the Programme but the staff member who I saw most often was excellent. Knowing I was losing weight was an excellent boost to my confidence*".
- "*More nutritional recipes*".
- "*An exploration of the relationship between emotion and weight gain/over eating*".
- "*It would be good if there had been other things as tablets/shakes provided for a quicker weight loss*".
- "*Incentives for joining on exercise programme*".
- "*The staff should do a*

before and after photograph to see how we looked before and how we would look after the 12 sessions".

- "*Having weekly or daily exercise classes and someone to look after young children would be a great help and having a group meeting with people on the Programme to discuss what works and does not work for them*".
- "*Opening hours. Support available from after 6pm*".
- "*More education, i.e. talks from a nutritionist or group sessions from other participants who had been successful from* [the My] *Choice Weight Management Programme more mentorship or support*".
- "*I think it would help to have a group meeting of people who have been on the course every month so that there is ongoing support, I would find this useful as I have reached a plateau, I have keep weight off but am now struggling to lose more*".
- "*Free gym for people like myself that work the hours that they gym was available free did not suit my working hours*".
- "*Yoga to relax with gentle stretching exercise might help my spine and strengthen muscles, neck and legs*".
- "*Counselling service*".

3.2 The views of the Programme participants (questionnaire)

3.2.1 Methodology

A total of 359 usable addresses were obtained from the PCT from twenty-two of the twenty-three Programme delivery sites. One site refused to supply the participant contact details (even though the analysis of the Programme was part of the scheme) and posted questionnaires on behalf of the Aston Project Team. Of the 359 questionnaires sent out by Aston, a total of 35 questionnaires were received after the first mailing, 36 after the second mailing (14 of these were from the first mailing) and 21 after the third mailing (5 of these were from previous mailings and one further questionnaire was received after the data had been analysed and therefore not included) giving a total number of responses of 92.

A total of 33 questionnaires were sent from the Programme delivery site which was posting the questionnaires on our behalf. One return was received after the first mailing and four after the final mailing, resulting in a total of five returns from this site. This produced a grand total of 97 (92+5) completed or partially completed questionnaires returned and available for analysis.

Of the original 359 questionnaires sent out by Aston, a total of 11 were removed based on the questionnaire being returned uncompleted by the Post Office (as the participant no longer lived at the address we had for them) and 4 participants asked to be removed from the study (1 from the first mailing, 1 from the second mailing and 2 from the third mailing) giving a total pool of 344 contacted from Aston and 33 contacted from the Programme delivery site; a grand total of 377. This gives a final response rate of 25.7% (97/377).

3.2.2 Results

Summary of respondents

In total, 97 completed or partially completed questionnaires were received, 38.1% (n=37) from respondents who undertook the Programme at a pharmacy and 61.9% (n=60) of respondents who undertook the Programme at a GP surgery. Cross-tabulation with data from the analysis of the clinical data (see section 2.1.2) indicated that 6.2% (n=6) of respondents were recorded as male with 75.3% (n=73) recorded as female, with the gender of the remaining 18.6% (n=18) being unrecorded. Of the respondents, 59.8% (n=58) completed the Programme (patients who attended at least nine of the first twelve appointments) with 40.2% (n=39) being classified as non-completion. Furthermore, 26.5% (n=13) of respondents who completed the Programme (n=58) were classified as having been successful in the Programme (weight loss of 5% or greater) and 73.5% (n=36) were classified as not being successful (for n=9 respondents, although being classified as having completed the Programme by attending a minimum of nine of the first twelve appointments, data were not available from the session 12 appointment to calculate overall weight loss).

Questionnaire responses are reported below along with details (where applicable) of cross-tabular analysis with Programme location (pharmacy or GP surgery), completion status and success status. Cross-tabular analysis with gender was not undertaken owing to the relatively low numbers of male participants in the respondent pool (6.2% of respondents had a male gender recorded).

Information on the Programme

Of those respondents who undertook the Programme at the pharmacy and provided an answer (n=35), Table 3-1 shows where they obtained information about the Programme (respondents were able to provide more than one response).

Table 3-1 Information sources for participants who undertook the Programme at a pharmacy.

Information source	Number of respondents (n=35)
I saw a leaflet or poster whilst I was in the pharmacy	40.0% (n=14)
I saw a poster in the pharmacy window	22.9% (n=8)
It was recommended by the pharmacist or other pharmacy staff	45.7% (n=16)
It was recommended by a family member or friend	14.3% (n=5)
Other	5.7% (n=2)

Of those respondents who undertook the Programme at their GP surgery and provided an answer (n=59), Table 3-2 shows where they obtained information about the Programme (respondents were able to provide more than one response).

Table 3-2 Information sources for participants who undertook the Programme at a pharmacy.

Information source	Number of respondents (n=59)
I saw a leaflet or poster whilst I was in the surgery	30.5% (n=18)
It was recommended by my doctor (GP) or nurse at the surgery	62.7% (n=37)
It was recommended by someone else at the surgery (for example, a receptionist)	10.2% (n=6)
It was recommended by a family member or friend	5.1% (n=3)
Other	3.4% (n=2)

Choice of Programme location

Respondents were asked, had there been a choice, where they would have preferred to have undertaken the Programme (i.e. at a pharmacy or GP surgery). Of those who responded (n=93), 23.7% (n=22) stated they would have preferred to have gone to a pharmacy, 47.3% (n=44) stated they would have preferred to have gone to their GP surgery and 29.0% (n=27) stated they had no preference. Of those who stated they would have preferred to have gone to a pharmacy (n=22), almost all (95.5%, n=21) did undertake the Programme at a pharmacy. For the respondents indicating a preference for a GP surgery (n=44), again the majority (90.9%; n=40) did undertake the Programme at a GP surgery. The respondents who indicated no preference for location (n=27) were split, 37.0% (n=10) between those who undertook the programme at a pharmacy and 63.0% (n=17) between those who undertook the Programme at a GP surgery. Further cross-tabulation with completion status (n=93, Chi, P=0.328) and success status (n=48, Chi, P=0.647) showed no statistically significant differences.

Those respondents who stated they would have preferred to have gone to a pharmacy to undertake the Programme (n=22) gave the following reasons for this answer (respondents were able to provide more than one response) (see Table 3-3).

Table 3-3 The reasons respondents gave for preferring to attend the Programme at a pharmacy.

Response	Number of respondents (n=22)
I know the staff already	63.6% (n=14)
The staff at the pharmacy are friendly	81.8% (n=18)
It is closer or more convenient than my GP surgery	27.3% (n=6)
Other	0.0% (n=0)

Similarly, respondents who stated they would have preferred to have gone to a GP surgery to undertake the Programme (n=39) gave the following reasons for this answer (respondents were able to provide more than one response) (see Table 3-4). Other responses given to this question indicated that both the personal and more private nature of the GP surgery was also a factor.

Table 3-4 The reasons respondents gave for preferring to attend the Programme at a GP surgery.

Response	Number of respondents (n=39)
I know the staff already	64.1% (n=25)
The staff at the GP surgery are friendly	56.4% (n=22)
It is closer or more convenient than the local pharmacy	28.2% (n=11)
Other	5.1% (n=2)

Travel to participate in the Programme

All respondents were asked how they travelled to participate in the Programme. The results are summarised in Table 3-5 below (respondents were able to provide more than one response).

Table 3-5 Table indicating how respondents travelled to their weight management appointments.

Travel method	Number of respondents (n=94)
Bus	17.0% (n=16)
Walk	59.6% (n=56)
Car: 0-10 minute journey	30.9% (n=29)
Car: greater than 10 minute journey	8.5% (n=8)
Train	0.0% (n=0)
Cycle	1.1% (n=1)
Other	0.0% (n=0)

Participation in the Programme

All respondents were asked why they had chosen to participate in the Programme. The results are shown in Table 3-6 below (respondents were able to provide more than one response). Other responses were mainly linked to health or illness, although one included the comment "*I hate how I feel and look*".

Table 3-6 The reasons stated by respondents for participating in the Programme.

Response	Number of respondents (n=96)
The Programme was free	50.0% (n=48)
I wanted to lose weight in general	81.3% (n=78)
I wanted to lose weight after having a baby	7.3% (n=7)
I wanted to lose weight because of reasons related to my health (for example, if you suffer from diabetes or arthritis, etc)	39.6% (n=38)
I wanted to keep weight off after having previously lost weight	9.4% (n=9)
I was advised to lose weight by a healthcare professional (for example, doctor/nurse/ pharmacist)	34.4% (n=33)
I was advised to take part in the Programme by doctor/nurse/other healthcare professional	20.8% (n=20)
Other	2.1% (n=2)

Cross-tabulation of the data from Table 3-6 with type of provider (n=96, Chi, P=0.291), completion status (n=99, Chi, P=0.452) and success status (n=49, Chi, P=0.881) showed no statistically significant differences.

Respondents were asked if they had taken part in any weight management programmes before. Of those who responded (n=95), 36.8% (n=35) had participated in Weight Watchers or other similar organised programme, with 17.9% (n=17) having followed a specific diet on their own (for example, Atkins diet); the remaining 54.7% (n=52) had not. Cross-tabulation of these data with type of provider (n=95, Chi, P=0.155), completion status (n=95, Chi, P=0.575) and success status (n=49, Chi, P=0.608) showed no statistically significant differences.

Those respondents who had tried other weight management programmes before were asked how the present Programme compared. Of those who responded (n=41), responses were evenly split with 31.7% (n=13) stated that the *My Choice Weight Management Programme* was more successful than their previous programme(s), 34.1% (n=14) stated it was about as successful with the same number (34.1%, n=14) stating that it was less successful. Cross-tabulation of these data with type of provider (n=41, Chi, P=0.622), completion status (n=41, Chi, P=0.368) and success status (n=18, Chi, P=0.867) showed no statistically significant differences.

At the start of the Programme

Respondents were asked how easy it was to join the Programme. Of those who responded (n=94), 51.1% (n=48) stated it was very easy with a further 31.9% (n=30) stating it was easy. Only 12.8% (n=12) stated that it was neither easy or difficult and 4.3% (n=4) stated it was difficult. No respondents stated that it was very difficult to join the Programme. Cross-tabulation of these data with type of provider (n=94, Chi, P=0.732), completion status (n=94, Chi, P=0.323) and success status (n=48, Chi, P=0.369) showed no statistically significant differences.

Next, respondents were asked whether they were provided with information on the Programme to explain what was involved before they signed up. Of those who responded (n=94) a majority (91.5%, n=86) stated that they were with only 8.5% (n=8) stating that they weren't. Cross-tabulation of these data with type of provider (n=94, Chi, P=0.987), completion status (n=94, Chi, P=0.385) and success status (n=49, Chi, P=0.156) showed no statistically significant differences.

Those respondents who had been provided with information (n=94) were asked how that information had been provided. Of those who responded to this question (n=85), 16.5% (n=14)

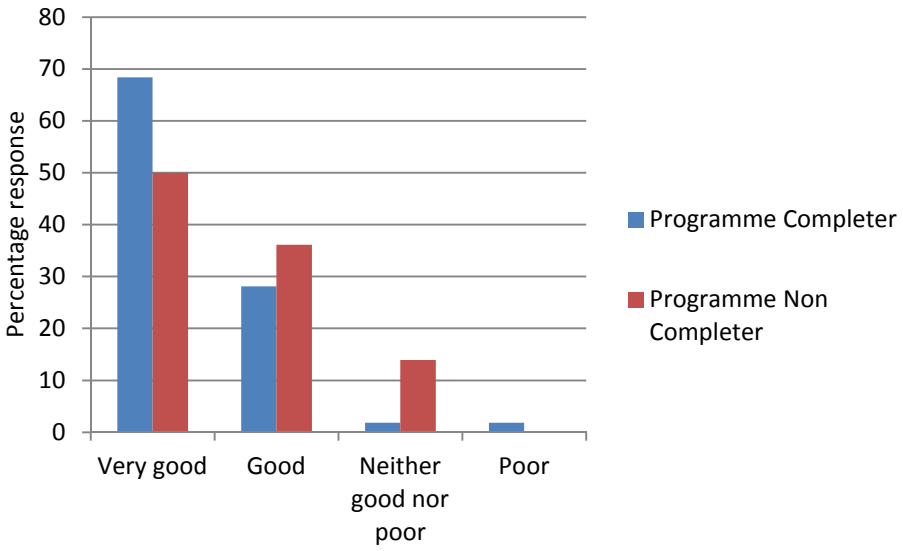
stated that someone spoke to them and explained what the Programme involved (i.e. they were not given any information to take away and read), 7.1% (n=6) stated that someone gave them information to take away and read (i.e. no one spoke to them and explained what the Programme involved), with 76.5% (n=65) stating that someone spoke to them and explained what the Programme involved and gave them information to take away to read. Cross-tabulation of these data with type of provider (n=85, Chi, P=0.179), completion status (n=85, Chi, P=0.832) and success status (n=43, Chi, P=0.435) showed no statistically significant differences. Respondents who stated that they were given information to read (n=71) were asked if they had read the information provided. Of those who responded (n=70), 97.1% (n=68) stated they did with only 2.9% (n=2) stating that they had not read it.

Respondents were then asked if at the start of the Programme (before they signed up), they understood what the Programme involved. Of those who responded (n=94), 96.8% (n=91) stated they did with only 3.2% (n=3) stating that they didn't.

During the Programme

Respondents were asked "*As the Programme progressed, how good were the staff at the pharmacy or GP surgery in giving you the information you needed during each visit to help you to lose weight?*". Of those who responded (n=93), 61.3% (n=57) stated that the staff were very good with a further 31.2% (n=29) of respondents grading the staff as good. Only 6.5% (n=6) of respondents felt that the staff were neither good nor poor with a further 1.1% (n=1) grading the staff as poor. No respondent chose the option very poor. Cross-tabulation of these data with type of provider (n=93, Chi, P=0.329), completion status (n=93, Chi, P=0.062) and success status (n=49, Chi, P=0.368) showed no statistically significant differences, although there was an indication of a relationship between how good the respondents felt the staff were and completion status (see Figure 3-1).

Figure 3-1 How good the respondents felt that the staff members were in giving information to help participants lose weight by respondent completion status (n=93, Chi, P=0.062).



Further to the first question about support during the Programme, respondents were asked as the Programme progressed, did the staff at the pharmacy or GP surgery provide you with enough support? Of those who responded (n=93), a large majority (83.9%, n=78) answered yes with only 4.3% (n=4) stating no. A further 11.8% (n=11) were unsure. Cross-tabulation of these data with type

of provider (n=93, Chi, P=0.336), completion status (n=93, Chi, P=0.140) and success status (n=48, Chi, P=0.241) showed no statistically significant differences.

Respondents were then asked in their opinion, how much knowledge did the staff have about the *My Choice Weight Management Programme*? Of those who responded (n=96), a majority (70.8%, n=68) stated "*A lot - the staff were very knowledgeable about the Programme*", with a further 28.1% (n=27) stating "*Some - the staff were fairly knowledgeable about the Programme*". Only one respondent (1.0%) stated "*A little - the staff were not that knowledgeable about the Programme*" and no respondents stated "*Hardly any - the staff were not knowledgeable at all about the Programme*". Cross-tabulation of these data with type of provider (n=96, Chi, P=0.165), completion status (n=96, Chi, P=0.615) and success status (n=49, Chi, P=0.224) showed no statistically significant differences.

Next, respondents were asked if they had received support from any other areas (for example, family and friends). Just over half (54.2%, n=52/96) stated that they had with a further 37.5% (n=36) stating that they had not. Cross-tabulation of these data with completion status (n=96, Chi, P=0.115) and success status (n=49, Chi, P=0.205) showed no statistically significant differences. However, when the option "*Unsure*" was removed from the analysis (n=8 and n=3 respectively), statistically significant differences were seen for completion status (n=88, Chi, P=0.038) but not for success status (n=46, Chi, P=0.164). This association between completion status and additional support is shown in Table 3-7 below.

Table 3-7 Cross-tabular analysis between respondents receiving support in addition to that provided by the Programme and completion status (removal of the option "*unsure*"; (n=88, Chi, P=0.038)).

As the Programme progressed, did you receive support from other areas (e.g. family, friends) (n=88)?	Completed the Programme (n=53)	Did not complete the Programme (n=35)
Yes (n=52)	69.2% (n=36)	30.8% (n=16)
No (n=36	47.2% (n=17)	52.8% (n=19)

Those respondents who stated that they did receive support from family or friends (n=52) were asked if they felt that this made a positive difference. Of those who responded (n=49), almost all (91.8% (n=45) stated that it made a positive difference with only two (4.1%) stating that it didn't and two (4.1%) stating that they were unsure whether it did or not.

Respondents were then asked if it was easy to make regular appointments with the staff at the pharmacy or GP surgery. The results from this question are summarised in Table 3-8.

Table 3-8 Respondents views on whether it was easy to make regular appointments with the staff at the pharmacy or GP surgery.

Response	Number of respondents (n=95)
Yes	81.1% (n=77)
No, appointments were available but not at a convenient time	13.7% (n=13)
No, appointments were not available	1.1% (n=1)
Unsure	4.2% (n=4)

Cross-tabulation of the data in Table 3-8 with type of provider (n=95, Chi, P=0.835), completion status (n=95, Chi, P=0.063) and success status (n=48, Chi, P=0.922) showed no statistically significant

differences, although a relationship with completion status was indicated (see **Error! Reference ource not found.**).

Table 3-9 Cross-tabular analysis between respondents views on how easy it was to make an appointment with the staff at the pharmacy or GP surgery and completion status (n=95, Chi, P=0.063)).

Was it easy to make regular appointments with the staff at the pharmacy or GP surgery (n=95)?	Completed the Programme (n=57)	Did not complete the Programme (n=38)
Yes (n=77)	89.5% (n=51)	68.4% (n=26)
No, appointments were available but not at a convenient time (n=13)	8.8% (n=5)	21.1% (n=8)
No, appointments were not available (n=1)	0.0%(n=0)	2.6%(n=1)
Unsure (n=4)	1.8%(n=1)	7.9%(n=3)

Respondents were then asked if they found it helpful to have measurements (weight and waist circumference) taken every session. Of those who responded (n=94), a clear majority (83.0%, n=78) stated that they did with only 9.6% (n=9) stating that they didn't and 7.4% (n=7) stating they were unsure. Cross-tabulation of these data with type of provider (n=94, Chi, P=0.925), completion status (n=94, Chi, P=0.500) and success status (n=49, Chi, P=0.550) showed no statistically significant differences. Those respondents who stated they found it useful were asked to state why this was the case. In the majority of cases (n=60), respondents considered the recording of measurements to provide an indication of the level of progress. Free-response comments included "*You could check your progress on a sessional basis and if there was no progress that session you would try harder the following session to try and achieve your goals*" and "*Well one session I lost no weight at all and was very disappointed and felt depressed but when my measurements were taken I had in fact lost more inches than previous sessions, which instantly perked me up. Without measurements I am sure I would have gone home feeling worthless. Instead I went home full of happiness with a will to carry on*".

Respondents were asked if they found the routine setting of targets useful. Of those who responded (n=92), just over three-quarters (79.3%, n=73) stated they did with 8.7% (n=8) stating they didn't and 12.0% (n=11) stating that they were unsure. Cross-tabulation of these data with type of provider (n=92, Chi, P=0.175), completion status (n=92, Chi, P=<0.001) and success status (n=47, Chi, P=0.613) showed a difference for completion status, although this result requires caution in its interpretation as two cells contain an expected frequency less than five. This difference is shown in Table 3-10.

Table 3-10 Cross-tabular analysis between respondents views on whether they found regular targets useful and completion status (n=92, Chi, P=<0.001; although two cells have an expected frequency <5).

Did you find the weekly targets useful (n=92)?	Completed the Programme (n=56)	Did not complete the Programme (n=36)
Yes (n=73)	68.5% (n=50)	31.5% (n=23)
No (n=8)	62.5% (n=5)	37.5% (n=3)
Unsure (n=11)	9.1% (n=1)	90.9% (n=10)

Following-on from this question, respondents were asked if they were informed about any other activities in their area they could attend. The results are summarised in Table 3-11 below (respondents were able to provide more than one response). Other responses included other

organised fitness or exercise classes and home-based exercise (including the use of specific television programmes).

Table 3-11 Respondents answers as to whether they were told about any other activities in their area they could attend.

Were you told about any other activities in your area you could attend?	Number of respondents (n=95)
No	34.7% (n=33)
Yes, ***Be Active*** (free gym/exercise classes/swimming)	56.8% (n=54)
Yes, walks programmes	26.3% (n=25)
Yes, Size Down (self-referral weight management course - 12 sessions)	7.4% (n=7)
Yes, Other	4.2% (n=4)

Respondents were then asked if they needed to make any changes to their daily life to follow the Programme. Nearly three quarters (71.3%, n=67) stated they did with only 18.1% (n=17) stating they did not and 10.6% (n=10) stating they were unsure. Cross-tabulation of these data with type of provider (n=94, Chi, P=0.715), completion status (n=94, Chi, P=0.323) and success status (n=49, Chi, P=0.370) showed no statistically significant differences. For those respondents who stated they did have to make changes to fit the Programme into their day-to-day life (n=67), the question was asked as to how easy they found this to do. Responses were split with 19.4% (n=13/67) stating it was very easy, 23.9% (n=16) stating it was easy and 37.3% (n=25) stating it was neither easy nor difficult. Only 16.4% (n=11) stated it was difficult and 3.0% (n=2) stated it was very difficult. Cross-tabulation of these data with type of provider (n=67, Chi, P=0.382), completion status (n=67, Chi, P=0.453) and success status (n=34, Chi, P=0.324) showed no statistically significant differences.

Next, respondents were asked how easy they found it to attend the sessions. Of those who responded (n=93), 29.0% (n=23) stated it was very easy with 31.2% (n=29) stating it was easy. Just under one-quarter of respondents (24.7%, n=23) stated it was neither easy nor difficult, 10.8% (n=10) stated it was difficult, 2.2% (n=2) stated it was very difficult and 2.2% (n=2) stated they were unsure. Cross-tabulation of these data with type of provider (n=93, Chi, P=0.432), completion status (n=93, Chi, P=0.006) and success status (n=49, Chi, P=0.761) showed a difference for the analysis with completion status, although this result requires caution in its interpretation as five cells contain an expected frequency of less than five. This difference is shown in Table 3-12.

Table 3-12 Respondents views on how easy it was to attend the regular sessions and the follow-up sessions and completion status (n=93, Chi, P=0.006; although five cells have an expected frequency <5).

How easy did you find it to attend the weekly sessions and the follow up sessions (n=93)?	Completed the Programme (n=57)	Did not complete the Programme (n=36)
Very easy (n=27)	81.5% (n=22)	18.5% (n=5)
Easy (n=29)	62.1% (n=18)	37.9% (n=11
Neither easy nor difficult (n=23)	56.5% (n=13)	43.5% (n=10)
Difficult (n=10)	20% (n=2)	80% (n=8)
Very difficult (n=2)	100% (n=2)	0.0% (n=0)
Unsure (n=2)	0.0% (n=0)	100% (n=2)

The next question asked the respondents if they completed the Programme by attending at least nine of the twelve weekly sessions. Nearly three quarters of respondents (71.7%, n=66/92) stated they did with 28.3% (n=26) stating they didn't. Cross-tabular analysis with completion status from

the clinical data indicated discrepancies between self-reported completion status and completion status as defined by the clinical data (n=92, Chi, P=<0.001; see Table 3-13).

Table 3-13 Cross-tabular analysis between respondents' self-reported completion status and the completion status from the analysis of the clinical data.

Did you complete the *My Choice Weight Management Programme* (n=92)?	Completed the Programme (n=56)	Did not complete the Programme (n=36)
Yes (n=66)	75.8% (n=50)	24.2% (n=16)
No (n=26)	23.1% (n=6)	76.9% (n=20

Further cross-tabulation of these data with type of provider (n=92, Chi, P=0.132) and success status (n=48, Chi, P=0.801) showed no statistically significant differences.

Those respondents who stated they did not complete the Programme (n=26) were asked why. The responses are detailed in Table 3-14 below (respondents were able to provide more than one response). Other responses included other commitments (looking after family, etc), lack of progress ("*I was not losing any weight*") and motivational issues ("*I don't have any will power*").

Table 3-14 Respondents answers as to why they did not complete the Programme.

Why did you not complete the *My Choice Weight Management Programme*?	Number of respondents (n=25)
I became ill.	16.0% (n=4)
I chose an alternative weight management activity	20.0% (n=5)
I did not lose weight quick enough	48.0% (n=12)
I lost interest in the idea	28.0% (n=7)
I found it difficult to fit the Programme into my day to day life because of reasons relating to childcare	8.0% (n=2)
I found it difficult to fit the Programme into my day to day life because of work or other commitments got in the way	40.0% (n=10)
Other	12.0% (n=3)

Furthermore, those respondents who stated they did not complete the Programme (n=26) were asked what could have been done to help them complete the Programme. Responses tended to concentrate around two areas; the Programme and support. With regard to the Programme, comments from respondents included "*More information given on recipes. Motivational information - leaflets, meeting in group/discussion, web site*", "*I found it difficult to arrange appointments during the time - day when I was able to attend*" and "*The information given was OK but it was all common sense and common knowledge assumptions were made re reasons for being overweight, i.e. that you didn't have that knowledge. Would have been useful to explore my knowledge first. Weight issues rarely down to lack of knowledge about healthy lifestyle. Focus was wrong.*". Comments relating to support for participation in the Programme included "*Getting more support from family would have helped and that I was going through a very stressful period (time) at that moment*".

Views on the Programme

Respondents were then asked in their opinion, what was good about the Programme. The responses are detailed in Table 3-15 below (respondents were able to provide more than one response). Other responses were mainly linked to the success of the Programme with one respondent stating "*It was different from other weight loss schemes as it gave me life-long habits and goals*".

Table 3-15 Responders views on what was good about the Programme.

In your opinion, what was good about the *My Choice Weight Management Programme*?	Number of respondents (n=92)
It helped me gain a better understanding of healthy eating	80.4% (n=74)
It helped me increase the amount of exercise I do	62.0% (n=57)
It helped me lose weight	58.7% (n=54)
It helped me manage my portion control	62.0% (n=57)
It helped me understand why I gain weight	56.5% (n=52)
It included information on both diet and exercise	64.1% (n=59)
It was easy to follow/straightforward	60.9% (n=56)
It wasn't too quick - the Programme built up gradually	39.1% (n=36)
The staff were supportive	68.5% (n=63)
Other	5.4% (n=5)

Next, respondents were asked what the main changes were to their diet as a result of the Programme. The responses are detailed in Table 3-16 below (respondents were able to provide more than one response). Other responses were predominantly linked to awareness of weight gain through diet and included the following comments: "*I think two times before I have fatty foods that I will put on weight*" and "*I have good days and bad, but I consciously eat now and try to put more effort into not eating so many bad things*".

Table 3-16 Responders views on what the main changes to their diet were as a result of the Programme.

What are the main changes you have made to your diet as a result of the *My Choice Weight Management Programme*?	Number of respondents (n=91)
I am more aware of how to keep weight off	48.4% (n=44)
I drink more water	64.8% (n=59)
I eat less sugary or fatty foods	58.2% (n=53)
I eat more fruit and vegetables	71.4% (n=65)
I have reduced or stopped snacking	39.6% (n=36)
I only eat when I am hungry	37.4% (n=34)
I tend to pick healthier choices for my food	51.6% (n=47)
I think about the food I eat more (for example, look at labels or portion sizes)	52.7% (n=48)
Overall, I drink less alcohol	18.7% (n=17)
Overall, I eat less	39.6% (n=36)
No change	11.0% (n=10)
Other	3.3% (n=3)

The next question asked respondents as to whether there had been any changes to how much activity they do since starting the Programme. Of those who responded (n=91), 76.9% (n=70) stated that they either walked more or took more exercised compared to 23.1% (n=21) who stated they did not. Cross-tabulation of these data with type of provider (n=91, Chi, P=0.969), completion status (n=91, Chi, P=0.268) and success status (n=48, Chi, P=0.479) showed no statistically significant differences.

Following-on from that, respondents were asked if they felt that they would be able to keep up the changes they had made since starting the Programme. Nearly half (47.3%, n=43/91) stated they thought that they would with only 11.0% (n=10) stating that they thought they would not be able to. A large 41.8% (n=38) were unsure. Cross-tabulation of these data with type of provider (n=91, Chi,

P=0.899), completion status (n=91, Chi, P=0.020) and success status (n=48, Chi, P=0.993) showed a statistically significant difference when compared to completion status. However, with the removal of the "*Unsure*" category, this significant difference is no longer present (n=53, Chi, P=0.775). Respondents who stated they thought that they would be unable to keep up the changes they had made (n=10) were asked why they felt that to be the case. Responses surrounded ability to fit any weight management activity into daily life ("*To busy at work to manage food properly*") and the discontinuation of the Programme ("*Found the Programme useful however since no longer attending I have reverted to the same eating pattern*").

Respondents were then asked, aside from any weight loss, did they notice any other benefits. The responses are detailed in Table 3-17 below (respondents were able to provide more than one response). Other responses surrounded feeling of wellbeing ("*I feel much better*"), increased awareness of weight management issues ("*Raised awareness made me think more about my diet and lifestyle*") and the fact that other people had noticed changes ("*Other people noticed that I had lost weight and complimented me*").

Table 3-17 Respondents views on the benefits of the Programme aside from weight loss.

Aside from weight loss, did you notice any other benefits?	Number of respondents (n=80)
I am able to do more exercise	63.7% (n=51)
I feel happier	58.8% (n=47)
I feel more confident	52.5% (n=42)
I have less pain in my joints	32.5% (n=26)
I have more energy	55.0% (n=44)
My clothes fit better/I am able to wear smaller clothes	56.3% (n=45)
Other	6.3% (n=5)

Next, respondents were asked which parts of the Programme they felt were most useful to help people lose weight. The responses are detailed in Table 3-18 below (respondents were able to provide more than one response).

Table 3-18 Responders views on the most useful parts of the Programme to help people lose weight.

Which parts of the Programme do you think are the most useful to help people lose weight?	Number of respondents (n=94)
Cooking tips	57.4% (n=54)
Having measurements taken	68.1% (n=64)
Keeping a record of foods eaten	66.0% (n=62)
Knowing about portion sizes	67.0% (n=63)
Knowing about the content of different foods	50.0% (n=47)
Meal planning	59.6% (n=56)
The leaflets I was provided with	54.3% (n=51)
The support available if you don't lose weight every session	56.4% (n=53)
The regular contact and support provided by the Programme	68.1% (n=64)
Other	1.1% (n=1)

Respondents were then asked which parts of the Programme they found the most difficult. The responses are detailed in Table 3-19 below (respondents were able to provide more than one response).

Table 3-19 Responders views on the most difficult parts of the Programme.

Which parts of the Programme were the most difficult?	Number of respondents (n=93)
Eating less	45.2% (n=42)
Getting into a routine	59.1% (n=55)
Getting to the appointments	16.1% (n=15)
Having the motivation to keep going	39.8% (n=37)
Keeping the weight off after the Programme had finished	58.1% (n=54)
Making changes to my diet	44.1% (n=41)
Other	5.4% (n=5)

Following-on, respondents were asked how they would prefer to attend a weight management programme. The responses are detailed in Table 3-20 below.

Table 3-20 Responders views on how they would like to attend a weight management programme.

Would you have preferred to attend a weight management programme in an organised group session rather than individual appointments?	Number of respondents (n=96)
No, I would prefer one-to-one sessions (as with the *My Choice Weight Management Programme*)	53.1% (n=51)
Yes, I would prefer small group sessions (2-5 participants)	24.0% (n=23)
Yes, I would prefer larger group sessions (6-15 participants)	5.2% (n=5)
I have no preference	17.7% (n=17)

Cross-tabulation of these data with type of provider (n=96, Chi, P=0.788), completion status (n=96, Chi, P=0.774) and success status (n=49, Chi, P=0.555) showed no statistically significant differences.

Respondents were asked if there were any parts of the Programme they would change. The responses are detailed in Table 3-21 below (respondents were able to provide more than one response). Although mainly positive, with most other comments from respondents indicating that they wouldn't have changed the Programme, one or two responses included the continuation of the Programme after the end would have been beneficial and one respondent stated "*An exploration of the relationship between emotion and weight gain/over eating*".

Table 3-21 Responders views on which parts of the Programme they would change.

If the Programme was repeated, which parts of the Programme do you think should be changed?	Number of respondents (n=66)
Having the location closer to your home	28.8% (n=19)
Less weighing and measuring	9.1% (n=6)
More detailed leaflets	48.5% (n=32)
More feedback from staff	39.4% (n=26)
Other	16.7% (n=11)

Respondents were asked if they had lost weight as part of the Programme. Just over two-thirds (68.1%, n=64/94) stated they had with 23.4% (n=22) stating they had not and 8.5% (n=8) stating they were unsure. Cross-tabulation of these data with type of provider (n=94, Chi, P=0.265), completion status (n=94, Chi, P=0.001) and success status (n=48, Chi, P=0.730) showed a statistically significant difference for completion status (see Table 3-22).

Table 3-22 Cross-tabular analysis between respondents' self-reported weight loss status and completion status.

Did you lose weight as part of the *My Choice Weight Management Programme* (n=94)?	Completed the Programme (n=57)	Did not complete the Programme (n=37)
Yes (n=64)	71.9% (n=46)	28.1% (n=18)
No (n=22)	45.5% (n=10)	54.5% (n=12)
Unsure (n=8)	12.5% (n=1)	87.5% (n=7)

Next if they indicated that they had lost weight (n=64), respondents were asked if they had kept the weight off after they had completed the Programme. The responses are detailed in Table 3-23 below.

Table 3-23 Responders views on whether having lost weight, they had been able to keep the weight off.

Since you finished the *My Choice Weight Management Programme*, have you kept off the weight you lost?	Number of respondents (n=62)
Yes, I have managed to keep the weight off since finishing the Programme	22.6% (n=14)
Yes, I have lost even more weight since finishing the Programme	12.9% (n=8)
No, I have gained a little weight since finishing the Programme but I am still lighter than when I started the Programme	38.7% (n=24)
No, I have gained weight since finishing the Programme and weigh more than I did when I started the Programme	19.4% (n=12)
Unsure	6.5% (n=4)

Cross-tabulation of these data with type of provider (n=62, Chi, P=0.431), completion status (n=62, Chi, P=0.570) and success status (n=40, Chi, P=0.001) showed a statistically significant difference for success status, which was to be expected (although some of the cell counts were very low).

Respondents were then asked whether they would recommend the *My Choice Weight Management Programme* to anyone else. Of those respondents who answered the question (n=94), 83.0% (n=78) stated they would with only 2.1% (n=2) stating they would not. A further 14.9% (n=14) were unsure. Cross-tabulation of these data with type of provider (n=94, Chi, P=0.535), completion status (n=94, Chi, P=0.370) and success status (n=48, Chi, P=0.347) showed no statistically significant differences.

Finally in this section, respondents were asked two further open questions. Firstly, they were asked if they had any other points about the Programme to make. Overall, responses were very positive about the Programme and included comments such as "*I loved it! It really works!*" and "*I think it is a good programme as it is free and not everyone can afford to pay to go to weight loss group e.g. Weight Watchers and plus you can make the appointment when it suits you*". Constructive comments on the Programme included "Would like to see it being more than 12 sessions" and *"Try to engage staff who are actually interested. The first person I saw (student) didn't seem particularly interested -seemed like a bit of paper exercise. This was part of the reason why I didn't engage. She wasn't very engaging!*".

Finally, respondents were asked if they had any suggestions for additional support of services which could be offered to help people lose weight. Responses broadly fell into three themes of additional activities ("*Free gym for people like myself that work the hours that they gym was available free did not suit my working hours*"), group support ("*I think it would help to have a group meeting of people who have been on the course every month so that there is ongoing support, I would find this useful as I have reached a plateau, I have keep weight off but am now struggling to lose more*" and "*Meeting*

in small groups. Excellent activities in the area. More incentives") and further support or information from the Programme ("*I think knowing more about the health implications if we don't lose weight. Being overweight/obese is more dangerous than I really am aware of and think it won't happen to me because I'm not morbidly obese. But I now realise I am at risk greatly through my own research*").

3.3 The views of the Programme deliverers

3.3.1 Methodology

Semi-structured telephone interviews were held to ascertain the views and experiences of providers.

Interview schedules for deliverers and non-deliverers (see appendices A3 Interview Schedule – Pharmacist Deliverers, A4 Interview Schedule – HCA Programme Deliverers and A5 Interview Schedule – GP/Pharmacist Non-deliverers) were developed and circulated to members of the team for comment. In an iterative process, the questions were then refined and sent to the PCT for review. After further refinement the schedule was finalised. Interviews were held with a range of providers as detailed below:

- Pharmacist Deliverers (n=3).
- Pharmacist Non-Deliverers (n=2).
- Non-Pharmacist Deliverers (Counter assistants and Dispensers; n=5).
- GP Surgery Deliverers (Practice nurses, Healthcare assistants and Receptionists; n=5).
- GP Surgery Practice Managers (n=3)*.

*NB One deliverer was also a Practice Manager.

Named staff contacts and telephone numbers were received from the PCT for all provider venues. Staff were then called during working hours and interviewed in English using the previously developed schedule. Interviews were carried out by appointment, or if the provider had time, on the spot. Further refinements to the schedule were made after the first few interviews in an iterative process. There was an attempt to obtain interviewees from a variety of providers, so interviews were not conducted at random. The interviews were digitally recorded and transcribed verbatim to enable subsequent thematic analysis via constant comparison.

3.3.2 Results

The following codes have been used within this section to indicate the type of respondent who made the individual comments provided, along with a unique code per interviewee.

Ref	Deliverer	Non-Deliverer
NDPh		Pharmacist; Non-Deliverer
NDPM		Practice Manager; Non-Deliverer
PhHCA	Pharmacy Healthcare Assistant; Deliverer	
PhD	Pharmacist; Deliverer	
HCA Surgery	Surgery Healthcare Assistant; Deliverer	
PN Surgery	Surgery Practice Nurse; Deliverer	

Previous participation in a similar programme

Most non-deliverers did not have any previous experience of providing a similar programme. However, NDPM3 stated that the surgery had been involved in a similar type of programme before My Choice.

Pharmacist providers and pharmacy HCAs stated that they had not had previous experience of providing a similar programme.

Non-provider/provider motivation to participate in the Programme

Overall, all non-deliverers were of the view that there was and presently is a 'genuine need' for a programme such as the *My Choice Weight Management Programme* and for pharmacist non-providers it was seen to be an addition to the various other services already being provided.

Pharmacist providers' motivation to participate in the Programme stemmed from wanting to help the community "*we see some people with a higher weight here than usual so we thought we could help them*" (PhD06), being in a position to deliver the service based on availability of resources i.e. staff and location "*ideally located as well as we're not next to a surgery, we get a lot of passing trade*" (PhD03) and that once patients are "*through the door you can try and get other services involved*" (PhD03).

Pharmacy HCAs stated that the decision to deliver the Programme was based on wanting to provide the community they serve with an additional service alongside other services already being provided. Also, as some pharmacies are located in areas with a considerable Asian population – a population amongst whom rates of diabetes are markedly higher than average –weight is a concern and the Programme enabled pharmacies to provide a "*valuable service*" (PhHCA02) to "*encourage people to lose weight*" (PhHCA12).

Surgery PNs/HCAs were generally of the view that the *My Choice Weight Management Programme* was delivered by surgeries in order to help their patients lose weight and reduce their BMI thereby addressing rising levels of obesity whilst meeting patients' requests for help with weight loss.

How non-providers and providers found out about the Programme

Non-providers reported that they were made aware of the Programme via, Protected Learning Time sessions, email or that they were approached directly by the PCT. The providers then had to submit in writing the reasons why they wished to participate in the Programme.

Pharmacist deliverers initially became aware of the *My Choice Weight Management Programme* via PCT meetings or letters sent out by the PCT.

Pharmacy HCAs stated that their pharmacies found out about the Programme via letters, advertisements and, in the case of one pharmacy, leaflets had been sent to them by their head office.

Surgery PNs/HCAs found out about the Programme by attending meetings and via the GPs. Some surgeries that had previously been involved with the *Counterweight Project* were contacted by the project lead from the PCT.

Providers/deliverers awareness of Programme delivered by other healthcare professionals

Providers/deliverers stated they were only made aware that the Programme would be delivered by both surgeries and pharmacies at the training sessions e.g.:

> "*Not until I got to the actual training programme"* (PhHCA10)

> "*That's right, it was mentioned during the training*" (PN Surgery 6).

Providers/deliverers views on who is best placed to deliver the Programme

With regards to views on who is best placed to deliver the Programme, two pharmacist providers concurred that pharmacists are best placed as they "*meet a lot of people*" (PhD06).

One surgery deliverer was of the view that:

> "*I personally wouldn't think of going to a pharmacist or sending a patient to a pharmacist but that doesn't mean they're not suited does it really. The other people we use in the surgery, we have health trainers come from the Health Exchange*" (PN Surgery 5).

However, the general view on who is best placed to deliver the Programme was "*GPs and pharmacies*" (PhD06) i.e. "*Every professional*" (PN Surgery 10).

Staff motivation to become involved

Two non-deliverers were asked whether their staff were motivated to become involved in the *My Choice Weight Management Programme* and both interviewees confirmed that their staff were motivated to become involved. Non-deliverer NDPH07 stated that initially staff members were keen and motivated as the Programme provided a change from day-to-day routine tasks; however they did become "*disheartened*" as the Programme progressed, as it became increasingly difficult to recruit participants.

Pharmacist deliverer PhD06 stated:

> "*the staff members went for training and that was the motivation to want to do something, to gain knowledge*".

Who was responsible for identifying the member(s) of staff who would be delivering the Programme

Deliverers at pharmacies were identified by the pharmacist, whilst deliverers at surgeries were identified by a GP at their respective surgeries.

Programme set-up/support/training provided and ease of delivery of the Programme

Non-deliverers agreed that the information provided to enable providers to set-up the Programme was "*detailed*" (NDPh02) and "*thorough*" (NDPh07).

All deliverers attended a two-day training session which was regarded as being useful and provided deliverers with training material and resources.

Pharmacist deliverers also confirmed that the PCT had provided "*training for two days*" (PhD05) and that setting-up the Programme was "*easy*", as it was "*all structured*" (PhD03).

There was general agreement between PN/HCA deliverers at surgeries that the set-up of the Programme was "*fairly straightforward*" (PN Surgery 10) and having attended two-day training PNs/HCAs found it "*quite easy*" (HCA Surgery 08) to understand what they had to do.

Pharmacy HCAs also found it "*quite simple*" (PhHCA09) to deliver the information to participants and they were given "*a set plan of how we should approach the patient each session which was quite useful*" (PhHCA02). PhHCA10 commented that being able to speak the same language as the participants made it "*easy to explain to them and speak to them about the actual training*". Whilst communicating the information was not a problem, managing the expectations of participants who were not motivated proved to be an issue for PhHCA11 "*I could only give the information but the motivation had to come from the individual*". This resulted in PNs/HCAs having to regularly call participants that had missed their appointments e.g.:

> "*To start off it was easy but as we were getting more patients it was getting harder because to keep on ringing them up and telling them to come back and get themselves weighed again, at the beginning it was easy but as it progressed it was getting harder*" (PhHCA09).

One PhHCA, PhHCA08, reported good attendance.

The need for continued support

Opinions on the need for continued support were variable. While one pharmacy deliverer (PhHCA02) stated that "*no*" continued support was not required, one surgery deliverer (HCA Surgery 03) stated that having extra people to deliver the Programme would have been useful. It should be highlighted that decisions regarding staffing within the provider environment during delivery of the Programme were made by the providers themselves and not by HoBtPCT.

Views on whether deliverers could have set up the Programme without support, training and resources from the PCT

Consensus of opinion amongst deliverers and non-delivers appeared to suggest that it would not have been possible to set-up the Programme without the training and resources provided by the PCT which was:

> "*quite intense, and me, myself, personally did learn quite a bit from it and I think it's quite important to undergo the training in order to carry out the Programme because you are passing the information onto the patients that you recruit and you don't want to give any false information so I think it is quite vital that training of that sort is given before the Programme is carried out*" (PhHCA02).

Additionally, deliverers:

> "*would have needed obviously the resources to help in regards to giving the advice and the general check, obviously I would have been able to do that but like the resources definitely do make a big difference*" (HCA Surgery 03).

Publicity

Interviewees from GP surgeries reported raising awareness of the Programme via leaflets and posters in their reception/bulletin boards in addition to GPs referring their patients onto the Programme.

Pharmacist non-deliverers promoted the Programme "*using the posters and flyers, word of mouth*" (NDPh02) and by promoting the service at GP surgeries.

Pharmacist deliverers raised awareness via posters displayed in pharmacy windows, in surgeries and supermarkets. Pharmacy staff also talked to people as they came into the pharmacy and in the case of one pharmacy:

> "*we had posters to put outside and a billboard and plus on the window, plus we were advertising so then people came and asked, for example like Adios® we would just mention the Programme to them... we actually went to the GP and gave them some leaflets and we asked if they could put one up in the surgery*" (PhHCA08).

Participant recruitment

Interviewees from pharmacies stated that they recruited participants both directly by staff-participant interaction and/or participants were referred to them by GPs. One pharmacy later found itself to be in direct competition for the recruitment of participants with a surgery in close proximity:

> "*well I think they probably could have told us that the GP surgery next door was doing this as well, that had a knock on effect on both sides*" (PhHCA02).

At the surgeries interviewees reported that recruitment was via a combination of patients being referred by their GP through the consultation process and deliverers at the surgery also identifying patients via various services provided by surgeries such as diabetes clinics, from their lists of patients with BMI of over 30 and...

> "*through new patient medicals or if we did any part of the consultation that needed weight, where weight was an issue we would discuss it there and then that we offer the service here*" (HCA Surgery 09).

Providers views on what was good about the Programme

Non-deliverer NDPh02 agreed with the concept of providing support, information, and guidance to enable participants to make long-term changes rather than providing a temporary "*quick fix*". NDPh07 also concurred that the information provided on health and nutrition was detailed and that the Programme was well structured:

> "*I think it was quite detailed in the sort of information that it provided, it was, it gave quite a lot of information in regards to health and nutrition, what you should eat, what you should avoid, how you should look at it overall, taking small steps trying to achieve the necessary goal, a realistic goal. I think it was structured really good*" (NDPH07).

NDPM2 was of the opinion that as a result of the Programme participants became:

> "*more confident, they're more comfortable that it was helping them improve their lifestyle and their way of living*".

Consensus of opinion amongst pharmacist providers appeared to be that the information provided to participants was very useful:

> "*the organisation from the PCT level was good, there was no issues from that side, all the materials properly designed and everything ready so that was an excellent part from their*

side... They loved the information and the colourful things that give out, they find that easy. They love the leaflets and the booklet and everything" (PhD05).

"*the diary was good, a lot of them did the food and exercise diary, I think that opened up a lot of people's eyes and then the things under the different foods and sugar and fat content and portion size, the healthy eating side of it*" (PhD03).

Despite articulating some scepticism as to whether participants followed the advice provided, PhD03 also stated:

"*patients, they didn't have to make huge changes, no crash diet or anything like that, you just gave them little things that they needed to alter to help them to be healthier*".

Providers views of difficulties experienced in the delivery of the Programme

First appointment

Two deliverer interviewees from GP surgeries found the first appointment stressful due to the amount of work involved; detailed food and dietary histories had to be taken, assessments carried out and forms had to be completed for each new patient:

"*think it was just the first appointment, I found trying to fit it in with my other clinics which I did try and do it separate to begin with, there seemed to be a lot of paperwork involved, it is just the first appointment and then once you've done all that then it's fine, it's just a matter of monitoring them*" (HCA Surgery 03).

Paperwork

PN/HCA interviewees based at GP practices expressed mixed views with regards to paperwork. Opinions varied from "*easy*" to "*no it wasn't easy...* [the paperwork was] *very time consuming*" (PN Surgery 10).

Some pharmacy deliverers were of the view that the paperwork was "*fine*", "*easy*", "*straightforward*". However, the predominant view expressed by the deliverers was that the paperwork was considered to be over-complicated. One pharmacy deliverer highlighted the difficulty in collating three-months of data for the quarterly invoice and suggested that a monthly-invoicing system may have worked better.

Recruitment and retention

Patient recruitment was an issue for pharmacy deliverers and this is something which would need to be carefully considered should the Programme run again. Problems with recruitment were most keenly experience by PhD05 whose pharmacy was adjacent to a GP provider of the Programme:

"[the surgery] *used to nick the patients themselves*".

Pharmacy and surgery non-deliverers NDPh02, NDPh07 and NDPM2 stated that whilst they were happy to deliver the Programme, they also experienced difficulty with regards to participants' motivation (which waned as the Programme progressed) and the need to continuously encourage participants to attend follow-up appointments. NDPh07 also stated that participant recruitment was higher in January and that participants had expectations of being prescribed medication as an aid to weight loss.

Pharmacist deliverers were of the view that patient motivation dwindled as the Programme progressed:

> "*towards the end it was useless, we had to work hard to get the end bits done from the information side, I was knocking on their doors and putting things through and still I didn't get any of them back*" (PhD03).

> "*halfway they seemed to be bored and they didn't come back or they had little problems that stopped them from coming... they start with a good intention but they slack as time goes*" (PhD06).

However, one deliverer was "*very impressed*" with the progress and would have preferred the Programme to have run a little longer.

Generally, GP deliverers also found it difficult to maintain the motivation and attendance of participants:

> "[it was difficult] *to get people to keep coming back again for the twelve sessions*" (HCA Surgery 09).

> "*I think once they have got the information that they wanted... and... once we have discussed that, that's when they started to... not coming back anymore so I feel like the majority of them they don't really want to the whole Programme*" (PN Surgery 6).

The majority of deliverers faced problems and difficulties with having to keep calling non-attendees to get their appointments rebooked for another time/date.

Language barrier

One surgery deliverer also mentioned that language was a barrier:

> "*The clientele and the language barrier and not always having access to interpreters and it's just the time constraints really*" (PN Surgery 10).

Monitoring the attendance of participants

Deliverers used a variety of methods to monitor participants' attendance to weekly sessions and missed appointments i.e. log sheets (provided by the PCT) diaries, registers etc. Those patients who missed appointments were contacted and offered new appointments.

Support provided to participants

Deliverers were of the view that they were able to provide sufficient support and accommodated changes in appointments and chased participants who missed their appointments. However, as highlighted previously, lack of participant motivation was a key issue.

What providers believed participants found easy/useful about the Programme

- The structure of the Programme and design of leaflets:

> "*patients always complemented on like how helpful they found the leaflets... the booklet on calorie content, portion size, healthy foods and recipes was the favourite*" (HCA Surgery 03).

> "*I think it was session 10 which actually gives them a booklet about certain foods and the amount of calories they have and whether they should eat, how much they should eat, in*

what proportions, there was a booklet on [that kind of information] *which a lot of people did particularly like a lot more*" (PhHCA08).

- Gradual introduction of new information i.e. participants were given a new leaflet each session which they were able to file in their folders to enable them to refer back to the information in their own time:

  "*Probably the little folder that was given to them, making sure that they bring it in every session and they understood that they would be given a new leaflet each session, I think they found that quite useful*" (PhHCA02).

- Leaflets were easy to understand and easy for deliverers to explain:

  "*I suppose, well I think they found it easy to understand what you were trying to say to them, giving the information to them about how they could lose weight but they found it difficult to actually put what you were saying into actual practice so I think the information was easily explained*" (PhHCA12).

- Weekly appointments helped participants gauge their progress:

  "*what motivated them more was the fact coming in even if they had lost that one centimetre or that one pound to them it made a big difference*" (HCA Surgery 03).

- Keeping a food diary

  "*they brought back a diary that they had write down what they've been eating. I think they found it helpful with the leaflets*" (HCA Surgery 08).

  However, although most participants were happy to document food eaten in a food diary some took exception to writing down information on...

  "*who was in the kitchen or who was with* [them] *when* [they] *were eating it and how did* [they] *feel after* [they] *had eaten it*" (HCA Surgery 09).

- There were a range of opinions regarding the routine measurement of weight/waist circumference with the majority of these being positive:

  "*...being weighed every session... also working out their BMI, they found that quite useful*" (PhHCA02).

  "*...keeping a record of their weight, I remember there was one particular girl, she was very good and she lost a lot of weight, she liked to have her book filled up and was able to look back and compare so to keep the record of the weight*" (PhHCA12).

  However PhD03 stated that patients became "*disheartened*" from lack of progress, a view shared by HCAs who highlighted:

  "*some who weren't making progress didn't like it but some did and knowing that they were losing some kind of percentage of their weight so every session when we used to check it, some used to be quite happy that they were losing that percentage*" (PhHCA10).

  "*I think the weekly weigh in and the sort of keeps encouraging them rather than frown upon if they had a bad session, encourage them to keep it up and do better next session so I found it quite easy in that sense*" (HCA Surgery 09).

- Goal/target setting; participants found having set targets and knowing that that they were being monitored useful:

  "*I think what they found easy was having specific targets to work on, they couldn't go out of the room thinking 'oh I've got to eat more healthy, I've got to go and exercise', they knew that they were specifically working on cutting out that food group or increasing that food group or doing a specific type of exercise for that two sessions so they knew exactly what they were doing rather than it being vague*" (PN Surgery 5).

  However, on occasions when participants failed to meet the target they could became despondent:

  "*Yes they found that* [targets] *useful but I wouldn't say they kept it every time, when they did they thought that was quite good so they'd want to set another one but if it failed it would go the other way and they would think it's not working so at time it was quite easy when it worked but when it didn't work it could become difficult*" (PhHCA02).

What participants found difficult about the Programme and the reasons for non-completion

Factors that affected participants' ability to complete the Programme are as follows:

- Stress "*some of them have got a lot of other stuff going on because a lot of them were quite stressed about things, stress kicked in and then where they were following this diet they found themselves struggling because of other stuff that was going on..... if they had stuff going on where there were doing so well all of a sudden they had something going on in their personal life it just sort of threw them back to comfort eating*" (HCA Surgery 03).
- Attending weekly sessions i.e. "*just didn't have the time to do it and like having to come in every session for the weigh in and things like that they weren't prepared to do it*" (HCA Surgery 09).
- Working patterns/commitments i.e. "*lot of them felt it wasn't beneficial and constraints because they worked, a lot of them are shift workers so it's constraints of time*" (PN Surgery 10).
- Expectation of being given medication to aid weight loss i.e. "*some of them used to come in and say give us some tablets to lose weight like the Alli tablets... I remember two of them came on the first session and the first thing they said was 'where are the tablets, we want tablets'*" (HCA Surgery 08).
- "*I don't think there could have been anything more, I guess people were expecting some form of medication, having it been a pharmacy maybe that would have made them turn up every session I don't know, it's something that you would have to try out or look into*" (PhHCA02).
- Medical reasons "*Some of them have got medical problems as well like if they have diabetes*" (PN Surgery 6).
- Loss of interest i.e. deliverers shared a common view that generally, non-completion was as a result of "*just a matter of losing interest and not attending the appointments*" (PhHCA02).
- Pregnancy "*Well one was, the girl who did very well, the one I just mentioned, she actually got pregnant so she abandoned, another lady, she did shift work and I think it all got too much for her and there was another lady who, she just didn't seem to have, I couldn't give you any excuse*

but it was lack of will power looking from the outside in, she had young children and it's difficult I know so I think there was lots of difficult reasons" (PhHCA12).

- Lack of commitment and discipline; participants were unable to make the necessary changes to their day-to-day life i.e. "*I would say generally that they weren't that committed to make the changes, I think they found, some patients did find it difficult to make changes with their diet for example and the kind of lifestyle that they live in, exercising and stuff, they found that difficult also*" (PhHCA08). Inability to make changes was attributed to "*I suppose it was a lack of self discipline with a lot of them*" (PhHCA12).

Benefits of the Programme

The general view was that the Programme was of benefit in that some participants had begun to increase their activity levels i.e. walking more, joining a gym and they became more aware of healthy eating and calorie content of different foods.

> *"I think out of the four, three did lose weight so that was a good thing*" (PhD05).
>
> "*The difference was because I know some of the people tell you they started, they joined the gym and they were doing, they were being more active whereas the others were just doing the same, plodding along*" (PhD03).
>
> "*some of them used to get aches and pains in their joints and it felt a lot better in that sense and they felt like they weren't getting out of breath every evening like they used to previously so a benefit for them*" (PhHCA08).

Providers also noticed additional benefits such as:

> *"One patient in particular reduced the amount of medication that she needed because she had lost that amount of weight*" (PN Surgery 10)
>
> "*The people who did well, all of them said how much better they felt in themselves, they were happier in themselves, I don't think I can think of anyone where, I'm trying to think if we had anyone with high blood pressure at the start but then didn't, I don't think there was something like but I think it was more the patients' psychological wellbeing really*" (PN Surgery 5).

The information made available to participants via the leaflets/booklets and the support received from health care assistants, also helped to raise awareness of the need to exercise in conjunction with healthy eating which enabled some participants to make changes to their diet, e.g. deliverers noticed that participants began to:

- Eat at set times during the day i.e. "*The main changes I think were, for some people it was getting into a regular pattern of eating, so actually eating three healthy meals a day rather than chaotically eating but for a lot of them it was cutting out kind of rubbish foods really, replacing them with healthier snacks and increasing fruits and veg, I think that was probably the main change*" (PN Surgery 5).
- Read food labels "*I think the way they reported to me, the way, the type of food they are eating especially when we get to the point, the topic where they need to read labels, they became more conscientious of what they're buying from supermarkets and that sort of thing so basically*

instead of buying rubbish food before which they will report, it's good to hear that they are listening to you sometimes" (PN Surgery 6).

- Modify cooking methods "*Not frying their food, grilling their food and reading food labels when they're actually going to the supermarket, they became more cautious of what they were actually going to eat*" (PhHCA11).
- Choose healthy options "*For example if one patient liked to have mainly junk every second day or for snacks they would have crisps, chocolate, some of them I told them instead of having junk food you could have stuff have, make something at home liked grilled chicken, stuff like that and if they were having snacks, have an apple or pear instead of crisps and chocolate*" (PhHCA10). "*I think it was the portion sizes and they've cut out, a lot of them were taking a lot of fatty foods rather than the healthy versions and so when they swapped them over they were fine with that and exercise*" (PhHCA08).
- Manage portion control "*Yes reducing the amount that they eat, on the plate and incorporating more exercise so they became more disciplined in that aspect*" (PN Surgery 10).
- Taking exercise *"Yes they* [the Programme participants] *actually started doing some exercise as well, people that didn't used to before, we had forms for referring them to the gym as well, free gym so I gave some of them those forms as well, they found it quite useful"* (HCA Surgery 08).

Information provided to participants on other organised activities

Surgery PNs/HCAs generally did promote the organised activities such as the *Be Active* and walks programme. However, due to work and family commitment participants often found it easier to incorporate exercises as part of their day-to-day routine such as walking to the school to drop and pick-up their children, using the stairs, going to the gym etc. One interviewee reported referring motivated participants on to an Exercise On Prescription scheme.

Pharmacist providers highlighted a number of activities to their participants e.g.:

> "*Yes we went through that them, like the 'Wii Fit' at home, other people did join Thai boxing and things like that*" (PhD03).

Pharmacy HCAs also informed participants of organised activities but believed that participants preferred walking or jogging:

> "*Yes there was the gym across the road but obviously there are the local two parks in the area where patients could go and do laps round the park, walk or jog or run it's up to them because they can do a walk round the park and stuff*" (PhHCA10).

One deliverer highlighted that some patients in the area were unable to sign up to free gyms as there was no local gym:

> "*The only difficulty, some of them could sign up for the free gym but there was no real local gym, they were all in Newtown they were signing up, that was about it*" (PhHCA08).

How the Programme could have been made easier for participants

Generally the overall view was that whether a participant completed the Programme or not was dependent on the participants' levels of motivation:

"*To be honest I think it's about motivation, as long as they've got that, as long as they could find somebody they could easily talk to*" (PhHCA08).

Non-deliverers/providers views on whether they would recommend the Programme

When asked whether non-deliverers would recommend the Programme to clients if it ran again, NDPh07 and NDPM10 both confirmed that they would participate in the Programme. Indeed, both these interviewees intimated that they were getting enquiries about the Programme.

Overall, the general view amongst pharmacist providers appeared to be that the Programme was well run. All pharmacist deliverers recounted difficulties experienced with patient recruitment and lack of patient commitment. Problems with recruitment were most keenly experience by PhD05 whose pharmacy was in direct competition with the adjacent surgery.

The majority of pharmacy HCA interviewees stated that they would recommend the Programme to patients if it ran again and one deliverer suggested lowering the BMI criteria for acceptance onto the Programme to enable more people to join:

"*Yes I've had a lot of patients come back and say, because they've only lost a certain amount but obviously their BMI is still high even though it's not as high as it should be for the Programme, a lot of them want to join... I would recommend they put the BMI lower down so yes because people are still overweight but the BMI amount they give isn't, it should be slightly less so a lot of people, I think it was 30 people could, even if they put it up to 26/28 to bring it down it would be a lot better in that sense*" (PhHCA08).

One pharmacy HCA interviewee was undecided as to whether they would recommend the Programme:

"*I would say it was a good programme but I don't know because it hasn't been very successful for us, I don't know whether I would recommend it but it's something. I don't know whether I would actually do it again, run it again but it definitely is a good programme*" (PhHCA12).

GP surgery PN/HCA interviewees all agreed that that they would recommend the Programme:

"*Yes I would and since it's officially stopped I've definitely, I've been doing it, I've been carrying on with the same principles, I haven't been giving them the resources because I've got to wait for the OK from* [the Programme Lead at HoBtPCT]" (PN Surgery 5).

Future involvement in a programme

Despite apparent issues with regards to participant motivation, with the exception of one deliverer, all interviewees stated that they would consider running the Programme again.

Suggestions made by interviewees

- Improve advertising to make people improve awareness of the Programme among the local populous.
- Improve PR activities via campaigns which make it clear that the service is available via pharmacists.
- Non-deliverer NDPh02 suggested making the context of the posters more explicit to ensure that the message drew the attention of someone wanting to lose weight.

- Provide access to multi-lingual leaflets.
- Include calorie count of a broader range of foods in leaflets.
- "*Maybe they could have been a bit more on the Asian leaflet where they discussed the diet changes you could make, maybe they could add a bit more onto that*" (HCA Surgery 03).
- Provide a card with 'calories of the drinks, what to be careful of'.
- Introduce the leaflets on food/calorie content earlier on in the Programme.
- Introduce the leaflet on portion control in session two.
- Introduce the booklet provided in session 10 earlier on in the Programme.
- One non-deliverer (NDPh07) suggested that GP endorsement of the Programme and their favourable opinion could have helped to increase recruitment levels.
- Provide free access to a gym and gym classes to motivate participants.
- Provide a personal trainer.
- Provide deliverers with information on local gyms and their schedule of exercise classes such ladies only aerobic sessions to enable deliverers to pass this information onto patients.
- Provide information all at once rather than piecemeal over twelve-sessions thereby ensuring that patients unable to attend weekly sessions have the information at hand to continue with the Programme without a lapse.
- One provider highlighted the issue of patients expecting to be prescribed tablets for weight loss and he/she suggested prescribing placebos.
- Simplify the paperwork- enable electronic submission.
- Enable monthly submission of invoices and monitoring sheets rather than quarterly.
- Reduce the BMI threshold criteria for acceptance on to the Programme to enable more participants to join.

Difference between programmes; My Choice Weight Management Programme and Counterweight

The *Counterweight Project* differed from the *My Choice Weight Management Programme* in that patients on *Counterweight* were seen every two weeks instead of on a weekly basis as per the *My Choice Weight Management Programme*.

Increasing the duration of the Programme to twelve sessions enabled deliverers to provide information gradually over the course of the Programme and this was thought to be more beneficial than "*giving them too much or too little information in one go*" (PN Surgery 6).

Participants on the *My Choice Weight Management Programme* were provided with more information in the form of leaflets. One interviewee stated that:

> "*The Counterweight was very specific, patients were given a plan based on how many servings of different food groups they had to have*" (PN Surgery 5).

This interviewee believed that this resulted in patients not being able to maintain the regime. *My Choice* focussed on 'goal setting and the targets' but with less 'intense' focus on portion control.

Chapter 4 Discussion and Conclusions

4.1 Discussion of the findings

This Chapter will bring together the results from the previous chapters and use the findings to make conclusions about the impact of the *My Choice Weight Management Programme* and recommendations for the future.

4.1.1 Limitations of the results

Although the analysis has been completed on all data collected by the Programme (in addition to the data gathered by the project team from Aston), the results need to be viewed in the context of limited return of data from the participation sites. For the SF-12 questionnaire especially, comparisons between individual sites has not been possible owing to low response rates for the session 12 and session 15 questionnaires. Furthermore, only around a quarter of participant questionnaires were returned and a low success rate in finding volunteers for the telephone questionnaires was also experienced. The small proportion of participants attending until session 15, particularly among the GP cohort, reduces the power of the clinical measurement data. Nevertheless, the research team believes that the quality of the collected data is high and the conclusions and recommendations made below are valid.

4.1.2 Discussion of the Programme delivery

The interviews with the Programme delivers indicated that most had not been involved in a similar weight management programme before. However, universal support for a programme such as this was shown. Um et al. (2010) showed similar levels of enthusiasm for involvement in weight management services among pharmacists in Australia but this would appear to contradict (although the small sample size of GP based interviewees should be considered) previous findings suggesting that GPs and practice nurses found dealing with weight management issues unpopular (Mercer and Tessier, 2001). All participation was following contact from the PCT through either direct letter or via other meetings. Interviewees indicated that they only became aware of the dual nature of the Programme (i.e. that it was to be delivered via both GP surgeries and community pharmacies) at the initial training session.

When asked about the ideal location for the Programme, comments were mixed as although most respondents indicated that either location was suitable, some commented that their own particular location would be best. When exploring issues around the motivation of the staff to become involved, interviewees indicated that staff members were keen at the start although some became less motivated if patient recruitment proved difficult.

Initial information from the PCT on the Programme was perceived to be detailed and the training provided was regarded as useful by those who attended. The view was expressed that without the support and training from the PCT, it would not have been possible to set-up the Programme, echoing findings from previous studies of both pharmacy (Andronicou et al., 2009, Dastani et al., 2004, Luevorasirikul et al., 2010, O'Donnell et al., 2006, Um et al., 2010) and GP practice staff (Hankey CR et al., 2004). Furthermore, deliverers indicated that they found it easy to understand what they had to do. Recruitment on the Programme was via a number of routes which surrounded publicity (posters, etc) and direct highlighting or referral; the latter being particularly used at GP surgeries.

Interviewees felt that the structured nature of the Programme and the support it could provide were positive aspects. Also specifically mentioned was the quality of the material provided by the PCT and the inclusion of information for participants, via leaflets and booklets, on both exercise and diet. Conversely, interviewees stated that the first appointment involved a lot of paperwork and that the amount of work involved was not easy to fit in. As the Programme progressed, interviewees also indicated that the paperwork involved in monitoring the participants' progress was very complicated.

Interviewees from both types of location (GP surgeries and community pharmacies) indicated that participant motivation was a particular problem, especially over the latter stages of the first part of the Programme (i.e. sessions 1-12). One or two interviewees suggested that issues with language were a barrier to participation and this was mainly related to the leaflets/booklets. Interviewees indicated that participants who missed appointments were contacted and offered new appointments.

Positive aspects highlighted by the interviewees were the structure of the Programme (for example, the weekly contact), the design and ease of understanding of the leaflets, the gradual introduction of new information as the Programme progressed, the use of a food diary, the routine clinical measurements and the setting of goals/targets. When asked why they felt participants did not complete the Programme, interviewees stated that stress, the weekly nature of the Programme and the fact that this could cause conflict with other commitments (for example, work commitments), loss of interest or a lack of commitment or discipline, and a few other factors which occurred during the Programme (for example, pregnancy) were all highlighted as reasons for non-completion.

Interviewees indicated that the Programme benefited participants by encouraging them to increase their activity levels. In addition, the participants could perceive the benefit as the Programme went on through the routine measurements which were taken. Although interviewees agreed that the printed material supplied to the participants was good, a number of interviewees indicated that some additional material relating to diet could be included (for example, more information on food labelling and modification of cooking methods). Interviewees indicated that routine highlighting of other activities (for example the *Be Active* scheme) took place, although participant uptake was variable owing to a number of factors (cost of gym membership, the ability to fit any additional activity into their lifestyle, etc).

When asked, having taken part in delivering the Programme, if they would recommend the Programme in the future, responses were positive across the interviewees. The particular issues around participant recruitment and motivation were highlighted as concerns; although one deliverer suggested lowering the BMI criterion to enable additional participants to join the Programme. All except one of the deliverers interviewed stated they would consider running the Programme again.

A number of suggestions for potential changes to the Programme were made by Programme deliverers. These included improved advertising of the Programme, an indication that the Programme is available through GP surgeries and community pharmacies, leaflets in more than just English, enhanced information about different foods and drinks in the printed material, the provision of funded exercise programmes or gym membership and finally, simplification of the paperwork that the deliverers were required to submit. Finally, deliverers were asked about the differences between this Programme and the *Counterweight Project*. Interviewees indicated that the more frequent appointments and the flexibility of this Programme were benefits over the *Counterweight Project*.

4.1.3 Discussion of the Programme impact

Analysis of the data from the Programme

Four hundred and fifty one participants were recruited to the *My Choice Weight Management Programme*. GP providers recruited more participants than pharmacy providers. While pharmacy providers may have found it difficult to recruit participants, the imbalance in the number of participants recruited may have been a result of greater referral of participants into the Programme by staff employed at GP practices than those employed within pharmacies (63% of questionnaire respondents who attended the Programme at GP practices stated that the Programme was recommended to them by a member of practice staff compared to 46% of respondents attending the Programme at pharmacies (see Table 3-1 and Table 3-2)).

Females were over-represented in the cohort (86% of participants were female) although this appears to be consistent with other community- or primary care-based services; particularly those delivered through community pharmacy (Ahrens et al., 2003, Malone and Alger-Mayer, 2003, Wollner et al., 2010). Participants largely resided in areas of high socioeconomic deprivation. While deprivation data on participants in other similar studies is hard to come by, the mean IMD scores of participants could well make this cohort unique. For example, the mean IMD score of participants in the GP and pharmacy arms of the *Lighten Up* trial, hosted in the neighbouring South Birmingham PCT, were 32.2 and 35.1 respectively (Jolly et al., 2011). This compares to mean IMD scores of 43.8 and 43.3 among participants attending the *My Choice Weight Management Programme* at GP surgeries and pharmacies respectively.

Furthermore, when comparing the performance of GP and pharmacy delivery of the *My Choice Weight Management Programme*, consideration needs to be given to the uniformity, or lack thereof, of participants attending at either venue. There was considerable heterogeneity between participants attending the Programme at pharmacies and those attending at GPs with pharmacy participants being younger (mean=38.9 years) than GP participants (mean=42.6 years). Again, these figures differ markedly from those reported in the *Lighten Up* trial which was conducted in a neighbouring PCT where mean age of participants was 48.9 years and 50.5 years at pharmacies and GPs respectively (Jolly et al., 2011). The majority of *My Choice Weight Management Programme* participants were from Black and Minority Ethnic groups (82%) with participants attending the Programme at pharmacies being much more likely to self-define their ethnicity as Asian than GP participants (62.3% pharmacy; 43.7% GP). Thirteen percent of pharmacy participants and 19.8% of GP participants self-defined their ethnicity as white. This compares with 87% and 90% respectively among participants in the pharmacy and GP arms of the *Lighten Up* trial (Jolly et al., 2011).

The unique demographic characteristics of *My Choice Weight Management Programme* participants, and the implications of factors relating to ethnic background and socioeconomic deprivation, need to be fully considered when assessing the relative success of the Programme.

A further factor that may influence assessment of the relative success of delivery of the Programme via pharmacies and GP practices is the initial weight and waist circumference status of participants. It has been reported that individuals with higher BMI categories are more likely to report large decreases in weight then individuals with lower BMI categories (Lean et al., 1990, Myrskyla and Chang, 2009). Participants attending the *My Choice Weight Management Programme* at GP providers had higher mean starting weight (95.8 kg v 86.1 kg), higher mean starting BMI (35.6 kg/m^2

v 33.0 kg/m^2) and higher mean starting waist circumference (108.8 cm v 105.1 cm) than participants attending the Programme at pharmacies.

Participant dropout was relatively common in the Programme with less than half of recruited participants going on to complete the Programme. High levels of participant dropout have been highlighted as a recurring feature of pharmacy-based weight management services (Ahrens et al., 2003, Lloyd et al., 2007, Malone and Alger-Mayer, 2003) and only 50% of pharmacy participants on the *My Choice Weight Management Programme* attended session 12. That being said, it should be noted that attendance rates on the Programme were uniformly better at pharmacies than at GP providers (mean number of sessions attended = 7.9 at pharmacy providers and 6.5 at GP providers; only 28% of GP participants attended session 12). The demographic characteristics of participants had no discernible impact on completion rates.

Eighty-five percent (n=141/166) of participants attending the first twelve sessions of the *My Choice Weight Management Programme* lost weight. Weight loss (both absolute and as a percentage value) and BMI reduction was higher among GP participants (weight loss=3.8 kg; percentage weight loss=4.0%; mean reduction in BMI=1.4 kg/m^2) than pharmacy participants at session 12 (2.4 kg; 2.8%; 0.9 kg/m^2). These reductions in weight are greater than those observed at the same stage of the *Lighten Up* trial where the weight reduction in GP participants was 1.4 kg and in pharmacy participants was 2.1 kg (Jolly et al., 2011).

The level of weight reduction among pharmacy participants in the *My Choice Weight Management Programme* appeared to be broadly comparable with that achieved in the Coventry PCT-based service. In the evaluation of that service, a mid-point evaluation is provided for participants attending up to the 8 week point where 86% of participants had lost weight and mean weight loss was 2 kg (compared to 85% and 2.4 kg after 12 weeks of the *My Choice Weight Management Programme*) (Coventry Primary Care Trust, 2008). Weight loss after 12 weeks was lower on the *My Choice Weight Management Programme* than in a similar programme delivered through Danish communities (where mean weight loss was 5.3 kg among male participants and 6.3 kg among females) but care should be taken when comparing the two programmes owing to both the fact that the study was conducted in a different country and that participants had to pay for the programme which may have acted as a motivator for both high attendance and adherence to the deliverer's recommendations. Percentage weight loss at 12 weeks was greater in pharmacy participants in the *My Choice Weight Management Programme* (2.8%) than that observed by Botomino et al. (2008) where weight loss in the 'high risk' intervention group was 2.25% (with weight loss being lower in the 'intermediate' and 'standard' care groups).

One of the principal targets for participants in the *My Choice Weight Management Programme* was to lose 5-10% of their initial weight. Twenty eight percent of participants achieved a reduction in weight of 5% or more with no significant difference between providers (pharmacy=23%; GP=33%). The proportion of GP participants on the Programme achieving a weight loss of at least 5% by session 12 is almost identical to that reported by Nanchahal et al. (2009) in participants at 12 weeks (34%) and is considerably higher than that reported in the *Lighten Up* trial (16%) (Jolly et al., 2011). Among pharmacy participants on the *My Choice Weight Management Programme*, the proportion of participants achieving a weight loss of at least 5% was broadly comparable with that reported among participants in the pharmacy arm of the *Lighten Up* trial (21.4%) (Jolly et al., 2011).

There were no statistically significant relationships between sex, age, IMD quintile or ethnicity and percentage weight loss at session 12 within pharmacy or GP participants in the *My Choice Weight Management Programme* (see Table 2-8).

Participants attending the *My Choice Weight Management Programme* at pharmacies appeared to be more successful at maintaining weight loss after completion of session 12 than participants attending at GPs. At session 15 (approximately 9 months after recruitment), weight loss (both absolute and as a percentage value) and BMI reduction was higher among pharmacy participants (mean weight loss=3.4 kg; mean percentage weight loss=4.0%; mean reduction in BMI=1.3 kg/m^2) than GP participants (2.3 kg; 2.2%; 0.8 kg/m^2). Indeed, participants at GP practices tended to gain weight between sessions 12 and 15. Among participants attending both session 12 and 15, pharmacy participants continued to lose weight (1.2 kg) whereas GP participants gained weight (-0.8kg).

The mean weight loss achieved by pharmacy participants at session 15 (approximately 9 months) is in a similar quantum to that achieved in other programmes at one year (Coventry Primary Care Trust, 2008, Lloyd et al., 2007). The mean weight loss achieved among GP participants at session 15 is slightly less than that seen at one year follow up in the Counterweight Project (2.3 kg) (Counterweight Project Team, 2008), but considerably more than in the study reported by Moore et al. (2003) (0.5 kg). Mean weight loss in both pharmacy and GP participants at session 15 of the *My Choice Weight Management Project* is noticeably higher that that achieved in the *Lighten Up* (pharmacy 0.6 kg; GP 0.8 kg) trial at one year follow-up (Jolly et al., 2011).

The total cost of delivering the *My Choice Weight Management Programme* was £50,200. Total costs were higher among GP providers (£26,970) than among pharmacy providers (£23,230). This difference can be explained by the remuneration structure for the Programme as payments were based on the number of sessions hosted (number of sessions hosted by GPs=1735; pharmacy=1447).

Costs per participant were higher through pharmacies (£126.90) than through GPs (£100.60). This was true throughout the course of the Programme but the gap in costs between pharmacy and GP providers narrowed as participants continued through the Programme to the point where there was no statistically significant difference in costs between providers among participants attending session 15. Again, this is a result of the larger number of participants recruited by GPs (thus allowing for distribution of, for example, training costs across a larger pool of participants). These costs are broadly similar for those reported for pharmacy and GP providers in the *Lighten Up* trial (both £112.73 although it should be noted that the costs quoted in Jolly et al. (2011) do not include any training costs for providers, are calculated for a standard pool size of 70 participants and that recruitment in the trial was organised by a central call centre).

When controlling for the number of sessions hosted (mean number of sessions attended by participants: pharmacy=7.9; GP=6.5) costs were broadly similar with pharmacy provision costing slightly less per participant than GP provision (£19.80 per participant per session versus £20.30 per participant per session).

The cost effectiveness of the *My Choice Weight Management Project* is indicated in Table 2-10. Among participants attending session 12, the cost per kg of weight loss was £57.00 with costs being higher among pharmacy providers (£74.80) than among GP providers (£43.40). Similarly costs per 1% of weight loss were £87.00 among pharmacy providers and £59.00 at GP providers (£74.30

combined). The differences between providers were statistically significant for both measures. Among participants attending session 15, the opposite pattern was observed with costs being lower among pharmacy providers than GP providers for both measures (although these differences were not statistically significant).

Furthermore, the ICERs calculated for the intervention at both session 12 and session 15 reflect this relationship. At session 12 each extra kilogram of weight loss per participant would cost £8.29 through pharmacy providers. Conversely, at session 15, each extra kilogram of weight loss per participant would cost £2.90 through GP providers. It would therefore appear more cost-effective to deliver the *My Choice Weight Management Programme* through GPs rather than pharmacies up to the point of session 12. However, when one considers the entirety of the Programme (session 1 to session 15), pharmacies appear to provide more cost-effective delivery than GPs. When interpreting these findings one should of course be cognisant of the heterogeneity of the two cohorts as outlined at the beginning of this section.

Although care should be taken in interpreting the results from the SF-12 analysis, owing to the low number of participants who completed a questionnaire at all three data collection points, analysis of the data indicates a statistically significant increase in both PCS and MCS scores occurs in participants during the first twelve sessions of the Programme, meaning that from the participants' point of view, the Programme increased their general health status. The increases seen do not differ in magnitude between the participants from pharmacies and those from GP surgeries. This increase in scores in maintained for participants who undertook their Programme at the GP surgery and for the PCS scores for those participants who undertook the Programme at the pharmacy. However, the data indicate that the mean MCS score for pharmacy participants does not maintain its increase by session 15.

Furthermore, the results from the SF-12 questionnaire do need to be viewed in the context of the characteristics of the pools used in the analysis of the change in scores over the 15 sessions, when compared to the SF-12 questionnaire non-completers. When data from the baseline questionnaire (from session 1) for respondents who did not complete a further SF-12 questionnaire are compared to the baseline score for participants who completed either a questionnaire in session 12, or a questionnaire in session 12 and session 15, statistically significant differences are seen between the groups. The results indicate that participants who completed questionnaires in session 12 or session 12 and session 15 were likely to have higher MCS scores at baseline.

Views of the Programme participants

Telephone interviews with participants who undertook the Programme at both GP surgeries and community pharmacies indicated that for a majority of the participants, this was the first time they had participated in a weight management programme. However, the questionnaire respondents indicated that just under half of participants (54.7%) had undertaken some form of weight management in the past, with around a third (36.8%) having participated in some form of organised programme. Comparison between this Programme and any previous programme(s) (where applicable) indicated a mixed response from questionnaire respondents with around a third stating this Programme was '*more successful*' (31.7%), and an equivalent number stating that the other programme(s) were '*more successful*' (34.1%). When interviewees were asked why they had participated, the emerging themes were that the Programme was free and that they wanted to lose weight and hoped that the Programme would help them achieve this goal. Questionnaire

respondents supported this finding with the responses "*I wanted to lose weight in general*" (81.3%) and "*The Programme was free*" (50.0%) being the two most commonly selected answer options.

Owing to the location of the Programme, i.e. in premises local to the participants, a majority of the Programme participants who were interviewed stated that they walked to the GP surgery or community pharmacy and this finding was supported by the questionnaire respondents where over half (59.6%) indicated that they walked to participate in the Programme.

When interviewees were asked about their choice of the type of provider for the Programme, similar reasons emerged from both groups, although there was some variation. GP surgery participants who were interviewed stated that it was the private nature of the surgery and the existing relationship(s) which were important. However, those individuals who participated at their community pharmacy were more inclined to state, in addition to the private nature of the pharmacy consultation room and the familiarity or friendly nature of the staff, that longer opening hours and a more convenient location were also important. Questionnaire respondents overall indicated a preference for undertaking the Programme at their GP surgery (47.3%) rather than at their local pharmacy (23.7%). Questionnaire respondents who stated they preferred to attend a pharmacy indicated that their preference related to the staff members at the delivery venue with '*the friendly nature of the staff*' (81.8%) and '*knowing the staff already*' (63.3%) being the top responses. Questionnaire respondents who stated they preferred to attend their GP surgery also indicated the same two reasons ('*knowing the staff already*', 64.1%; '*friendly staff at the GP surgery*', 56.4%).

A majority of questionnaire respondents indicated that the staff involved in delivering the Programme were either '*very good*' (61.3%) or '*good*' (31.2%) at providing the required information during each visit. Some association between how good the respondents felt the staff were and completion status was observed (with a greater proportion of Programme completers being from the group who felt that the staff were very good at providing the necessary information), although this was not statistically significant. When examining the support provided by the staff, again this was rated highly by the questionnaire responders with 83.9% indicating that the staff at the GP surgery or community pharmacy did provide enough support and 70.8% stating that the staff members were '*very knowledgeable*' about the Programme.

During the telephone interviews, similar reasons were given by the participants from both GP surgeries and community pharmacies as to how they found out about the Programme, although more direct recommendations/referrals appeared to occur at GP surgeries. Data from the questionnaire respondents supported this finding with the majority of pharmacy participants indicating that referral from the pharmacist or other pharmacy staff member (45.7%) and a leaflet or poster in the pharmacy (40.0%) were the most common information sources. For GP surgery questionnaire respondents, the two top responses were the same, although referral from the GP or nurse was higher (62.7%) than then that seen among pharmacy respondents, with leaflets or posters in the GP surgery being slightly lower (30.5%).

In both locations, telephone interviewees stated that it was easy to join the Programme and that the support provided by the Programme staff was good. Interviewees indicated that further support was mainly obtained via the participants' families and this finding was confirmed by examining the responses from the questionnaire respondents where just over half (54.2%) indicated they had additional support from other areas, with cross-tabular analysis indicating an increased chance of completing the Programme for those respondents who had additional support from other areas.

Questionnaire respondents supported the views of the telephone interviewees regarding joining the Programme with 83% of respondents indicating it was either '*very easy*' or '*easy*' to join the Programme and 91.5% indicated that they were provided with information on the Programme to explain what was involved before they signed up. In a majority of cases (76.5%), questionnaire respondents indicated that they were given something to read about the Programme in addition to someone from the community pharmacy or GP surgery speaking to them. In almost all cases where written material was supplied (97.1%), questionnaire respondents indicated that they had read the material. Furthermore, around two-thirds of questionnaire respondents indicated that they had been informed of additional activities they could participate in, in their area.

Overall, participant interviewees indicated that information was provided on the Programme and that they were clear as to what they had to do. This view was supported by the questionnaire respondents with 96.8% indicating that they understood what they had to do at the start of the Programme. In addition, the interviewed participants didn't indicate any real problems in engaging with the Programme and attending the twelve weekly sessions or in arranging the appointments. Furthermore, interviewed participants indicated that it was reasonably easy to fit the Programme and the changes they had to make around their daily life. Respondents to the questionnaire appeared to be slightly less positive. While nearly three quarters (71.3%) of respondents reported that they had made changes to their daily life to follow the Programme, only 43.3% of these respondents stated that it was either very easy or easy to make the necessary changes.

A majority of questionnaire respondents (81.1%) indicated that it was '*easy*' to arrange the weekly appointments with an indication that ease of making an appointment was linked to the completion status of the participant (i.e. those who found it easy to arrange appointments were more likely to complete the Programme). Responses from questionnaire respondents regarding the ease of attending the appointments show that 60.2% of respondents thought that it was '*very easy*' or '*easy*' to attend (although almost all the other respondents indicated it was '*neither easy nor difficult*'). Unsurprisingly, ease of attending the appointments correlated with a participant's Programme completion status.

Those participants who had not completed the Programme were asked why this was the case during the telephone interviews. The main reasons surrounded a lack of motivation, the impact of other commitments (for example, work) and personal/family issues (for example, pregnancy). Data from the questionnaire respondents supported these views with the top two responses from this question being related to not losing weight quickly enough (48.0%) and difficulty in fitting the Programme into their life (40.0%).

Interviewees indicated support for the weekly measurements and targets, and indicated that they were a useful and motivating part of the Programme and this view was supported by the majority of the questionnaire respondents (83.0% for measurements and 79.3% for targets). Furthermore, cross-tabular analysis of the responses from the questionnaire respondents indicated that those respondents who stated that weekly targets were useful were more likely to complete the Programme. Furthermore, having measurements taken was stated by the questionnaire respondents as the most useful part of the Programme (68.1%), along with the weekly contact the Programme provided (68.1%). These responses were closely followed by knowing about portion sizes (67.0%) and keeping a record of foods eaten (66.0%).

In addition to weight loss, interviewed participants from both GP surgeries and community pharmacies indicated that additional benefits included increased levels of fitness, better physical appearance and the fact that their clothes fitted better. Questionnaire respondents indicated similar benefits with the ability to undertaken more exercise (63.7%) and feeling happier (58.8%) being the most common responses.

Since participating in the Programme, telephone interviewees indicated that some had made changes to their food and/or drink intake and others had increased the amount of physical activity they undertook. With regard to diet changes, interviewees indicated that the changes surrounded a better awareness of how to eat more healthily and to introduce better portion control.

A number of interviewees indicated that they felt that they would be able to keep up the changes they had made following participation in the Programme, although others were not too sure indicating that limitations on their time and a lack of motivation acted as barriers to maintaining these lifestyle changes. Interviewees indicated an awareness of other activities in their area and some were participating in these schemes or undertaking additional exercise (for example, at home). Questionnaire respondents agreed with these views with 80.4% indicating that the Programme helped them gain a better understanding of health and 68.5% stating the staff were supportive. Responses relating to ease of following the Programme, information on diet and exercise and increasing the amount of exercise the participant undertook also scored highly (with >60% of respondents providing these as answer options).

When asked what was good about the Programme, interviewees indicated that the structure of the Programme (including the support from the Programme staff), the information provided and the motivation offered to participants from the weekly measurements were all good aspects. The leaflets provided by the GP surgery or community pharmacy staff were particularly well received and questionnaire respondents indicated that having more detailed leaflets (48.5%) was a potential route of improving the Programme in the future.

Questionnaire respondents were asked, if they had lost weight, whether they had kept this weight off. Just under a quarter of respondents reported that they had maintained this weight loss (22.6%), with a further 12.9% stating they had lost even more weight. The most common response (38.7%) indicated that participants had gained a little weight since finishing the Programme but were still lighter than when they started the Programme. Just under a fifth (19.4%) had gained weight compared to their weight when they started the Programme.

When asked about the more negative aspects of the Programme, interviewees indicated that the individual (i.e. non-group) nature of the Programme and the fact that it had ended (i.e. there was no further continual support) were potential issues. Questionnaire respondents believed that keeping the weight off after the Programme had finished was the second most difficult part of the Programme (58.1%), only slightly fewer than the proportion of respondents who reported that '*getting into a routine*' was a problem (59.1%). When participant interviewees were specifically asked whether they would prefer group sessions rather than individual appointments, the response was mixed. Group sessions were seen as being useful for motivational reasons but potentially less convenient. However, questionnaire respondents seemed a little more supportive of a one-to-one approach with 53.1% stating a preference for one-to-one sessions and only 29.2% indicating a preference for either small or larger group sessions.

In terms of changes to the diets of participants, questionnaire respondents indicated that eating more fruit and vegetables (71.4%) followed by drinking more water (64.8%) were the greatest changes. Furthermore, just over three-quarters of respondents (76.9%) indicated that they either walked more or took more exercise. Nearly half of the questionnaire respondents (47.3%) indicated they felt they would be able to keep up the changes they had made.

When asked whether they would recommend the Programme to others, telephone interviewees from both GP surgeries and community pharmacies were very supportive indicating that they would recommend the Programme to others. This view was supported by the questionnaire respondents where 83.0% of respondents indicated they would recommend the Programme. When asked about any other suggestions, interviewees' comments centred on the flexibility or structure of the Programme, any potential extension of the Programme and the possibility of additional support or activities (for example, free gym access).

4.2 Conclusions and recommendations

4.2.1 Conclusions

Our evaluation of the *My Choice Weight Management Programme* suggests that it is effective at producing clinically useful reductions in weight at 12 weeks. Furthermore, these reductions in weight were maintained in a significant proportion of the cohort when assessed at final follow-up (approximately 9 months after recruitment in to the Programme).

At session 12, weight loss was greater among participants attending the Programme at GP surgeries than among participants attending the Programme at a community pharmacy. However, pharmacy participants were more likely than GP participants to maintain, and indeed increase weight loss to session 15.

The *My Choice Weight Management Programme* also appeared effective at improving the general health status of participants (as measured by the SF-12 questionnaire). Statistically significant increases in both the physical- and mental-component scores of participants were observed between recruitment and session 12. The increases did not appear to differ in magnitude between GP and pharmacy participants.

The unique demographic characteristics of *My Choice Weight Management Programme* participants – participants were recruited from areas with high levels of socioeconomic deprivation and over four-fifths of participants were from Black and Minority Ethnic groups; populations which are traditionally underserved by healthcare interventions – make the achievements of the Programme particularly notable.

While costs per participant were higher among pharmacy providers than GP providers, this is a function of the larger number of participants recruited at GP sites enabling the spread of cost over a larger pool of individuals. The higher levels of recruitment seen among GP providers may be a product of increased rates of direct referral of patients on to the Programme in the surgery environment. When considering costs per participant per session, GP providers were slightly more expensive than pharmacy providers. It is not clear whether GP providers or pharmacy providers of the Programme were more cost-effective with GPs appearing to be more cost-effective than pharmacies at session 12 but pharmacy providers appearing more cost effective than GP providers over the entirety of the Programme (measured at session 15).

One finding that deserves a suitable degree of attention in the midst of weight loss and cost figures is attendance on the Programme. Less than half of recruited participants went on to complete the programme with less than one-fifth of participants attending session 15. These levels of non-attendance are comparable with previous primary care-based weight management programmes. Attendance rates were better at pharmacies than at GPs throughout the course of the Programme with participants highlighting the longer opening hours and convenient location of pharmacies as being particularly important.

Another important factor which emerged from the assessment of participants' opinions of the Programme was that the Programme was provided without cost to participants. When considering the demographic characteristics of participants, it is possible – if not likely – that charging participants a fee for such a service would further reduce access to health improving services among the local population.

Satisfaction levels with the Programme – in terms of ratings of the providers, the structure and delivery of the Programme and the printed material supplied as part of the Programme – were very high among both participants and providers. In addition, four-fifths of questionnaire respondents reported that the Programme had helped them to gain a better understanding of health. Approximately three-quarters of respondents reported eating more fruit and vegetables after the Programme and a similar proportion stated that they were taking more exercise after attending the Programme. It is a testament to the success of the Programme that 83% of questionnaire respondents stated that they would recommend the Programme to other people looking to lose weight.

4.2.2 Recommendations

1. This evaluation has suggested that the *My Choice Weight Management Programme* is effective at producing clinically meaningful weight loss in a traditionally 'hard-to-reach' cohort. While the conclusions presented above are valid based on the available data, such conclusions could be made more robust by:

    a. Increasing the homogeneity of the participants attending at GP practices and community pharmacies so as to minimise the effects of confounding variables, and thus allowing for a more accurate and valid assessment of the effectiveness of the intervention at each type of delivery site. Data from this review have indicated that overall, Programme participants are happy with the location of their Programme provider. However, pharmacy providers in particular reported difficulties in recruiting the target number of patients. With this context in mind, consideration should be given to the implementation of a central allocation system for participants following referral by GP surgery or pharmacy healthcare staff. Such a system may help to address the imbalance observed in the numbers of participants recruited between GP providers and pharmacy providers and increase homogeneity of participants across provider type. Furthermore, this system, akin to a randomised controlled trial, would enable an analysis of the full effectiveness of the *My Choice Weight Management Programme*.

    b. Increasing the number of participants so as to increase the reliability of the inferences made from the available data. This could be achieved by:

i. Continuing to collect data from current providers over a longer time course; and/or,

ii. Widening delivery of the Programme to new providers/participants.

We believe that the evidence presented in this evaluation is sufficient to justify further assessment of any extension to the *My Choice Weight Management Programme* and, accordingly, would recommend an extension of the Programme accompanied by further research, which would be conducted to evaluate further the effectiveness the Programme.

2. Notwithstanding Recommendation 1, we believe the data presented in this report has the potential to be useful to a wide variety of stakeholders including commissioners and providers of healthcare, the GP community, the pharmacy community and the wider public health movement. We would therefore recommend that these data are disseminated to a wider audience by a variety of methods including presentations at suitable conferences, the production of papers for publication in peer-reviewed academic journals, publication of this report on appropriate websites (i.e. those belonging to Aston University and HoBtPCT) and any other methods which the PCT deem appropriate.

3. A number of key positive aspects of the Programme have been highlighted in this report and we recommend that these are taken into consideration when any extension to the *My Choice Weight Management Programme* is discussed. Specifically, these include:

   a. *The pre-delivery training of healthcare staff*. Programme deliverers emphasised the necessity for appropriate training of staff prior to delivery of the Programme. We would recommend that any extension of the Programme is accompanied by the provision of such training to all staff who will be involved in the delivery of the Programme. Indeed, the completion of such training should be mandatory for all individuals before involvement in the delivery of the Programme.

   b. *The role of healthcare staff in the Programme.* Programme participants highlighted the positive effect of the input from Programme delivery staff and the research team would recommend that the levels of staff input to any extension of the Programme be maintained.

   c. *The schedule of appointments.* Although views from programme participants were mixed, the overall analysis of the data indicate that the weekly nature of the Programme was a key factor for the success of the Programme for some participants. With drop-out levels being high for this Programme (as with other weight management programmes), we recommend than any extension to the Programme should maintain the current contact levels with participants.

   d. *The provision of printed material.* In addition to the support offered by the staff delivering the *My Choice Weight Management Programme*, Programme participants also highlighted the usefulness of the printed material provided. We would recommend that any extension to the *My Choice Weight Management Programme* should be accompanied with a continuation of the supply of printed material. Furthermore, owing to the high levels of Programme participants from Black and Minority Ethnic groups, we recommend that the content of the printed material continues to be further tailored

towards service users with regular reviews to ensure that the content remains up-to-date and relevant to an audience from a variety of cultural backgrounds.

4. In addition to the weight loss achieved by participants on the *My Choice Weight Management Programme* a number of additional benefits are described in this report. Participants reported positive changes in lifestyle and the Programme also improved health status as measured by the SF-12. If these self-reported improvements are real, they have the potential to bring benefits to the wider health economy. Attempts could be made to assess the impact of such benefits by, for example, monitoring participants' use of local health services (GP appointments, prescribed medications, contact with secondary care). We would recommend that an attempt at assessing the impact of these benefits is made in any further research conducted on the effectiveness of the *My Choice Weight Management Programme*.
5. Interviews conducted with providers of the Programme highlighted what they considered to be the cumbersome nature of the data collection process/instrumentation. Should the *My Choice Weight Management Programme* continue to be delivered we would recommend that the data collection approach is reviewed with a view to minimising the administrative burden experienced by providers. We envisage that this could most easily be achieved by the use electronic completion and transmission of data collection instruments.

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Appendices

A1 Interview Schedule – Programme Completers

Preamble - Hello I am calling from Aston University Pharmacy department regarding an evaluation of a health project is it possible to speak to [participant name]?

When participant answers the phone:

My name is [insert name] and I am calling regarding the *My Choice Weight Management Programme*. I understand that you recently took part in the programme is that correct?

If participant cannot remember programme:

The programme involved attending you pharmacy/GP surgery weekly to be weighed. You may have been given a folder with information leaflets regarding healthy eating and exercise.

We have been asked by the local NHS managers at the Primary Care Trust to carry out an independent evaluation of the *My Choice Weight Management Programme*. Would it be alright if I asked you a few questions? This will only take around 10-15 minutes.

If now is not convenient, I can call back later.

Just to let you know that I will record the next part of this telephone conversation so I can go over the answers I receive to the questions; however, anything you say during the call will not be linked to your name and no-one can be identified from their responses. Is this ok?

Question 1 *– How did you find out about the My Choice Weight Management Programme?*

- Where did you join the weight management programme; at the pharmacy or GP surgery?
    - **If pharmacy**, why did you choose that pharmacy?
- If there had been a choice, would you have preferred to go to a pharmacy or a GP surgery to take part in the *My Choice Weight Management Programme*?
- How did you travel to the **pharmacy/GP surgery** for the appointments (walk/bus/car)?

Question 2 *– Why did you decide to take part in the My Choice Weight Management Programme?*

- Was it your choice to ask about joining the weight management programme or did someone suggest you joined?
- Have you taken part in any weight management programmes before?
    - If so, how successful was this/were these previous programme(s)?
    - If so, what was good or not good about this/these previous programme(s)?

Question 3 *– Going back to the My Choice Weight Management Programme, what were your experiences at the beginning of the programme?*

- How easy was it to join the programme?
- What information were you given about the programme?
- Did someone talk to you to give you information about the programme or were you given information to read (or both)?
- If both, what did you find easier; someone talking to you about the programme or having something to read?

- How easy was it to understand what you had to do?
    - Take part in the programme, keep appointments, the number of appointments and follow ups, etc.

Question 4 *– As you progressed through the sessions how do you think the programme went on?*

- How good were the staff at the **pharmacy/GP surgery** in giving you the information you needed during each visit to help you to lose weight?
- Did the staff at the **pharmacy/GP surgery** provide enough support?
- Did you receive support from other areas (e.g. family, friends)?
- Did you find it helpful to have measurements (weight/waist circumference) taken every session?
- Were you told about any other activities in your area you could attend (*Be Active*[d], walks programme, Size Down[e] group weight management programme)?
- Did you find the leaflets given out as part of the programme useful?
- Did you find it easy to follow the weight management programme and fit changes into your day to day life?
- Was it easy to make appointments with the staff at the **pharmacy/GP surgery**?

Question 5 *– How easy did you find it to attend the (twelve) weekly sessions and the (three) follow up sessions?*

- How do you think it could have been made easier to complete?

Question 6 *– In your opinion, what was good about the My Choice Weight Management Programme?*

- What did you find easy about programme?
- Has the programme helped you to make changes to your day to day life? If yes, what are they?
    - Have you made any changes to your diet? If yes, what were the main changes?
    - Are there any changes to how much activity you do? If yes, what are the main changes?
    - Do you think you will be able to keep up these changes?
    - Did you attend any other activities as a result of the programme (e.g. *Be Active*[d], walks programme, Size Down[e] group weight management programme)?
- Aside from weight loss, did you notice any other benefits?
- Which parts of the programme do you think are the most useful to help people lose weight?
- Can you remember which leaflets you found the most useful?

Question 7 *– in your opinion, what was less good about the My Choice Weight Management Programme?*

- What did you find the most difficult about the programme?
- Would you have preferred to attend a weight management programme in an organised group session rather than individual appointments?

[d] ***Be Active*** - a leisure scheme offering free gym, swim and leisure to all Birmingham residents.
[e] ***Size Down*** - a 12 session, self referral weight management course, delivered by Food Health Advisors in accessible locations. Group sessions cover nutrition information as well as behaviour change.

- If the programme was repeated, which parts of the programme do you think should be changed and in what way?
    - Assessment session (measurements, questionnaire, weight loss target setting, food and activity diary)?
    - Leaflets. Do you remember any specific leaflets being helpful?

      I can provide a list:

        - Healthy Eating?
        - Being More Active?
        - Slip Ups and Set Backs?
        - Healthy Snacking?
        - Hunger and Emotional Eating?
        - Planning Ahead?
        - Portion Control?
        - Special Occasions?
        - Support and Rewards?
        - Reading Food Labels?
        - Drinks?
    - Maintaining weight loss session
    - Did you find the weekly targets useful?

Question 8 *– Would you recommend the My Choice Weight Management Programme to anyone else?*

Question 9 *– Are there any other points about the My Choice Weight Management Programme you would like to make?*

Question 10 *– Do you have any suggestions for additional support or services that could be offered to help people lose weight?*

Thank you for your time in participating in this interview.

A2 Interview Schedule – Programme Non-completers

Preamble - Hello I am calling from Aston University Pharmacy department regarding an evaluation of a health project is it possible to speak to [participant name]?

When participant answers the phone:

My name is [insert name] and I am calling regarding the *My Choice Weight Management Programme*. I understand that you recently took part in the programme is that correct?

If participant cannot remember programme:

The programme involved attending you pharmacy/GP surgery weekly to be weighed. You may have been given a folder with information leaflets regarding healthy eating and exercise.

We have been asked by the local NHS managers at the Primary Care Trust to carry out an independent evaluation of the *My Choice Weight Management Programme*. Would it be alright if I asked you a few questions? This will only take around 10-15 minutes.

If now is not convenient, I can call back later.

Just to let you know that I will record the next part of this telephone conversation so I can go over the answers I receive to the questions; however, anything you say during the call will not be linked to your name and no-one can be identified from their responses. Is this ok?

***Question 1** – How did you find out about the My Choice Weight Management Programme?*

- Where did you join the weight management programme; at the pharmacy or GP surgery?
    - **If pharmacy**, why did you choose that pharmacy?
- If there had been a choice, would you have preferred to go to a pharmacy or a GP surgery to take part in the weight management programme?
- How did you travel to the **pharmacy/GP surgery** for the appointments (walk/bus/car)?

***Question 2** – Why did you decide to take part in the My Choice Weight Management Programme?*

- Was it your choice to ask about joining the weight management programme or did someone suggest you joined?
- Have you taken part in any weight management programmes before?
    - If so, how successful was this/were these previous programme(s)?
    - If so, what was good or not good about this/these previous programme(s)?

***Question 3** – Going back to the My Choice Weight Management Programme, what were your experiences at the beginning of the programme?*

- How easy was it to join the programme?
- What information were you given about the programme?
- Did someone talk to you to give you information about the programme or were you given information to read (or both)?
- If both, what did you find easier; someone talking to you about the programme or having something to read?
- How easy was it to understand what you had to do?
    - Take part in the programme, keep appointments, the number of appointments and follow ups, etc.

Question 4 *– As you progressed through the sessions how did you feel the programme went on?*

- How good were the staff at the **pharmacy/GP surgery** in giving you the information you needed during each visit to help you to lose weight?
- Did the staff at the **pharmacy/GP surgery** provide enough support?
- Did you receive support from other areas (e.g. family, friends)?
- Did you find it helpful to have measurements (weight/waist circumference) taken every session?
- Were you told about any other activities in your area you could attend (*Be Active*[f], walks programme, Size Down[g] group weight management programme)?
- Did you find the leaflets given out as part of the programme useful?
- Did you find it easy to follow the weight management programme and fit changes into your day to day life?
- Was it easy to make appointments with the staff at the **pharmacy/GP surgery**?

Question 5 *– Why did you not complete the My Choice Weight Management Programme?*

  - Personal reasons?
  - Reasons relating to the process of the weight management programme (booking appointments, remembering to attend appointments, etc)?
  - Reasons relating to the **community pharmacy/GP surgery**?
- What could have been done to help you complete the programme?

Question 6 *– In your opinion, what was good about the My Choice Weight Management Programme?*

- What did you find easy about programme?
- Has the programme helped you to make changes to your day to day life? If yes, what are they?
  - Have you made any changes to your diet? If yes, what were the main changes?
  - Are there any changes to how much activity you do? If yes, what are the main changes?
  - Do you think you will be able to keep up these changes?
  - Did you attend any other activities as a result of the programme (e.g. *Be Active*[f], walks programme, Size Down[g] group weight management programme)?
- Aside from weight loss, did you notice any other benefits?
- Which parts of the programme do you think are the most useful to help people lose weight?
- Can you remember which leaflets you found the most useful

Question 7 *– in your opinion, what was less good about the My Choice Weight Management Programme?*

- What did you find the most difficult about the programme?
- Would you have preferred to attend a weight management programme in an organised group session rather than individual appointments?

[f] ***Be Active*** - a leisure scheme offering free gym, swim and leisure to all Birmingham residents.
[g] ***Size Down*** - a 12 session, self referral weight management course, delivered by Food Health Advisors in accessible locations. Group sessions cover nutrition information as well as behaviour change.

- If the programme was repeated, which parts of the programme do you think should be changed and in what way?
    - Assessment session (measurements, questionnaire, weight loss target setting, food and activity diary)?
    - Leaflets. Do you remember any specific leaflets being helpful?

      I can provide a list:

      - Healthy Eating?
      - Being More Active?
      - Slip Ups and Set Backs?
      - Healthy Snacking?
      - Hunger and Emotional Eating?
      - Planning Ahead?
      - Portion Control?
      - Special Occasions?
      - Support and Rewards?
      - Reading Food Labels?
      - Drinks?
    - Maintaining weight loss session
    - Did you find the weekly targets useful?

Question 8 *– Would you recommend the My Choice Weight Management Programme to anyone else?*

Question 9 *– Are there any other points about the My Choice Weight Management Programme you would like to make?*

Question 10 *– Do you have any suggestions for additional support or services that could be offered to help people lose weight?*

Thank you for your time in participating in this interview.

A3 Interview Schedule – Pharmacist Deliverers

Preamble – Good **morning/afternoon**. My name is [insert name] and I am calling from the Pharmacy Department at Aston University to undertake the short telephone interview about your views and opinions of your experience delivering the *My Choice Weight Management Programme*. As previously discussed, researchers from the Pharmacy Department at Aston University have been asked by Sarah Mills at the PCT to carry out an independent evaluation of the programme and this short interview will only take around 15 minutes to complete.

Just to let you know that I will record the next part of this telephone conversation so I can go over the answers I receive to the questions; however, anything you say during the call will remain anonymous and no-one can be identified from their responses.

Question 1 – *How did you find out about the My Choice Weight Management Programme?*

- Did you personally choose to become involved with delivering the weight management programme to patients or were you asked to participate by someone else?
    - If you did not choose to participate, how keen were you personally to get involved.
- Were you aware that the programme was also being offered through **GP practices/community pharmacies**?

Question 2 – *Why did your **surgery/pharmacy** decide to participate in the My Choice Weight Management Programme?*

- Have you or your pharmacy participated in any weight management programmes before?
- If so, how successful were they?
- If so, what was good or not good about them?

Question 3 – *What were your experiences at the beginning of the programme?*

- How easy was it to set-up the programme?
- How much information were you given about the programme from the PCT?
- How easy was it to understand what you had to do?
    - Engage with the programme, monitor appointments, the number of appointments and follow ups, etc.
- How did you publicise the programme to your patients?
- Do you think you could set up a weight management programme without the support/training/resources you have received?
    - Who went on the training arranged by the PCT?
    - What support did you receive from the PCT as the programme progressed?
    - Would you have liked any more continuing support?
- Did you make any links with other healthcare practitioners or services to help you deliver the programme or recruit more participants?

Question 4 – *From your perspective, how did you feel the programme progressed?*

- Which staff members were involved in the programme?
- Do you feel that the staff members were able to provide sufficient support to the participants?
- What did you find easy about delivering the programme?

- What did you find the most difficult about delivering the programme?
- How easy was it to complete the necessary monitoring forms and submit the data?

Question 5 *– How do you feel the programme progressed for the participants?*

- In your experience, what did the participants find easy about the programme?
- In your experience, what did the participants find the most difficult about the programme?
- Overall, did you feel that participants found it motivating to have measurements (weight/waist circumference) taken every session? How did this vary between participants?
- Overall, how easy did you find it to provide information to participants during each visit to help them to lose weight? Again, how did this vary between participants?
- Which aspects of the weight management programme did you think patients found most useful?
- Were there any aspects of the weight management programme which were more difficult to deliver/explain to patients?
- Were you able to highlight any other activities in your area that participants could attend (for example, *Be Active*[h], walks programme, Size Down[i] group weight management programme, any other programme)?

Question 6 – Overall how easy do you think it was for participants to attend the twelve weekly sessions and the three follow up sessions? How did this vary between participants?

- How did you monitor patient participation in the programme?
    - Using the supplied log-sheets, other methods.
- How did you assist/support patients to continue their participation in the programme?
- For those participants who did not complete the programme, were you given any reasons for their non-completion?
    - Personal reasons?
    - Reasons relating to the process of the *My Choice Weight Management Programme*?
    - Location or ease of access to the **community pharmacy/GP surgery**?
- How do you think it could have been made easier for participants to complete the programme?

Question 7 *– What was good about the weight management programme?*

- Do you feel that the programme has helped to make changes to the participants' day to day life? If yes, what are they?
    - Did participants make any changes to their diet? If yes, what were the main changes?
    - Did participants make any changes to the amount of exercise they undertook? If yes, what were the main changes?
    - Did participants attend any other activities as a result of the programme (e.g. *Be Active*[1], walks programme, Size Down[2] group weight management programme)?
- Aside from weight loss, did you notice any other benefits for the participants? If you did, how did you notice this additional benefit?

[h] ***Be Active*** - a leisure scheme offering free gym, swim and leisure to all Birmingham residents.

[i] ***Size Down*** - a 12 session, self referral weight management course, delivered by Food Health Advisors in accessible locations. Group sessions cover nutrition information as well as behaviour change.

Question 8 *– What was less good about the weight management programme?*

- If the programme was repeated, which parts of the programme do you think should be changed and in what way?
    - Assessment session (measurements, questionnaire, weight loss target setting, food and activity diary).
    - weekly target setting.
    - Healthy Eating.
    - Being More Active.
    - Slip Ups and Set Backs.
    - Healthy Snacking.
    - Hunger and Emotional Eating.
    - Planning Ahead.
    - Portion Control.
    - Special Occasions.
    - Support and Rewards.
    - Reading Food Labels.
    - Drinks.
    - Maintaining Weight Loss.
- In your opinion if a patient didn't lose weight what was the main reason?

Question 9 *– If it ran again, would you recommend the weight management programme to your patients?*

- Would you like to continue to deliver a weight management programme like My Choice?
- Who do you think is best placed in the community to deliver weight management services?

Question 10 *– Are there any other points about the weight management programme you would like to make?*

Question 11 *– Do you have any suggestions for additional support or services that could be offered to help people lose weight?*

Thank you for your time in participating in this interview.

A4 Interview Schedule – HCA Programme Deliverers

Preamble – Good **morning/afternoon**. My name is [insert name] and I am calling from the Pharmacy Department at Aston University to undertake the short telephone interview about your views and opinions of your experience delivering the *My Choice Weight Management Programme*. As previously discussed, researchers from the Pharmacy Department at Aston University have been asked by Sarah Mills at the PCT to carry out an independent evaluation of the programme and this short interview will only take around 15 minutes to complete.

Just to let you know that I will record the next part of this telephone conversation so I can go over the answers I receive to the questions; however, anything you say during the call will remain anonymous and no-one can be identified from their responses.

Question 1 – *How did you find out about the My Choice Weight Management Programme?*

- Did you personally choose to become involved with delivering the weight management programme to patients or were you asked to participate by someone else?
    - If you did not choose to participate, how keen were you personally to get involved.
- Were you aware that the programme was also being offered through **GP practices/community pharmacies**?

Question 2 – *Why did your **surgery/pharmacy** decide to participate in the My Choice Weight Management Programme?*

- Have you or your **surgery/pharmacy** participated in any weight management programmes before?
- If so, how successful were they?
- If so, what was good or not good about them?

Question 3 – *What were your experiences at the beginning of the programme?*

- Were you involved in the set-up of the programme?
    - If yes, how easy was it to set-up the programme?
- How much information were you given about the programme from the PCT?
- How easy was it to understand what you had to do?
    - Engage with the programme, monitor appointments, the number of appointments and follow ups, etc.
- How did you publicise the programme to your patients?
- Do you think you could set up a weight management programme without the support/training/resources you have received?
    - Who went on the training arranged by the PCT?
    - What support did you receive from the PCT as the programme progressed?
    - Would you have liked any more continuing support?
- Did you recruit patients or were they referred to you by the **GP(s)/pharmacist(s)**?
    - If you recruited patients, how did the **GP(s)/pharmacist(s)** support you to recruit patients?
    - If you recruited patients, did you make any links with other healthcare practitioners or services to help you deliver the programme or recruit more participants?

Question 4 – *From your perspective, how did you feel the programme progressed?*

- Which staff members were involved in the programme?
- Do you feel that the staff members were able to provide sufficient support to the participants?
- What did you find easy about delivering the programme?
- What did you find the most difficult about delivering the programme?
- How easy was it to complete the necessary monitoring forms and submit the data?

Question 5 *– How do you feel the programme progressed for the participants?*

- In your experience, what did the participants find easy about the programme?
- In your experience, what did the participants find the most difficult about the programme?
- Overall, did you feel that participants found it motivating to have measurements (weight/waist circumference) taken every session? How did this vary between participants?
- Overall, how easy did you find it to provide information to participants during each visit to help them to lose weight? Again, how did this vary between participants?
- Which aspects of the weight management programme did you think patients found most useful?
- Were there any aspects of the weight management programme which were more difficult to deliver/explain to patients?
- Were you able to highlight any other activities in your area that participants could attend (for example, *Be Active*[j], walks programme, Size Down[k] group weight management programme, any other programme)?

Question 6 – Overall how easy do you think it was for participants to attend the twelve weekly sessions and the three follow up sessions? How did this vary between participants?

- How did you monitor patient participation in the programme?
    - Using the supplied log-sheets, other methods.
- How did you assist/support patients to continue their participation in the programme?
- For those participants who did not complete the programme, were you given any reasons for their non-completion?
    - Personal reasons?
    - Reasons relating to the process of the *My Choice Weight Management Programme*?
    - Location or ease of access to the **community pharmacy/GP surgery**?
- How do you think it could have been made easier for participants to complete the programme?

Question 7 *– What was good about the weight management programme?*

- Do you feel that the programme has helped to make changes to the participants' day to day life? If yes, what are they?
    - Did participants make any changes to their diet? If yes, what were the main changes?
    - Did participants make any changes to the amount of exercise they undertook? If yes, what were the main changes?

[j] ***Be Active*** - a leisure scheme offering free gym, swim and leisure to all Birmingham residents.

[k] ***Size Down*** - a 12 session, self referral weight management course, delivered by Food Health Advisors in accessible locations. Group sessions cover nutrition information as well as behaviour change.

  - Did participants attend any other activities as a result of the programme (e.g. *Be Active*[1], walks programme, Size Down[2] group weight management programme)?
- Aside from weight loss, did you notice any other benefits for the participants? If you did, how did you notice this additional benefit?

Question 8 *– What was less good about the weight management programme?*

- If the programme was repeated, which parts of the programme do you think should be changed and in what way?
  - Assessment session (measurements, questionnaire, weight loss target setting, food and activity diary).
  - weekly target setting.
  - Healthy Eating.
  - Being More Active.
  - Slip Ups and Set Backs.
  - Healthy Snacking.
  - Hunger and Emotional Eating.
  - Planning Ahead.
  - Portion Control.
  - Special Occasions.
  - Support and Rewards.
  - Reading Food Labels.
  - Drinks.
  - Maintaining Weight Loss.
- In your opinion if a patient didn't lose weight what was the main reason?

Question 9 *– If it ran again, would you recommend the weight management programme to your patients?*

- Would you like to continue to deliver a weight management programme like My Choice?
- Who do you think is best placed in the community to deliver weight management services?

Question 10 *– Are there any other points about the weight management programme you would like to make?*

Question 11 *– Do you have any suggestions for additional support or services that could be offered to help people lose weight?*

Thank you for your time in participating in this interview.

A5 Interview Schedule – GP/Pharmacist Non-deliverers

Preamble – Good **morning/afternoon**. My name is [insert name] and I am calling from the Pharmacy Department at Aston University to undertake the short telephone interview about the *My Choice Weight Management Programme*. As previously discussed, researchers from the Pharmacy Department at Aston University have been asked by the PCT to carry out an independent evaluation of the programme and this short interview will only take around 15 minutes to complete.

Just to let you know that I will record the next part of this telephone conversation so I can review the answers I receive to the questions; however, anything you say during the call will remain anonymous and no-one can be identified from their responses.

Question 1 – *How did you find out about the My Choice Weight Management Programme?*

- Were you aware that the programme was also being offered through **GP practices/community pharmacies**?
- Would your practice be interested in referring patients to other health care professionals such as pharmacies?

Question 2 – *Why did your **surgery/pharmacy** decide to participate in the My Choice Weight Management Programme?*

- Have you or your **surgery/pharmacy** participated in any weight management programmes before?
- If so, how successful where they?
- If so, what was good or not good about them?

Question 3 – *What were your experiences at the beginning of the programme?*

- How much information were you given about the programme from the PCT?
- How did you publicise the programme to your patients?
- Did you use any other method of targeting patients, e.g. targeting patients that were not identified as they presented in surgery?
- Did you make any links with between healthcare practitioners or services to help you deliver the programme or recruit more participants?
- Could you have set up the programme yourself without help from the PCT?

Question 4 – *From your perspective, how did you feel the programme progressed?*

- Which staff members were involved in the programme?

Question 5 – *What was good about the weight management programme?*

- *Did staff members (including GPs) have a positive or negative attitude to the programme overall?*
- *Did you get any positive or negative feedback from the patients?*

Question 6 – *What was less good about the weight management programme?*

- If the programme was repeated, which parts of the programme do you think should be changed and in what way?

Question 7 *– If it ran again, would you recommend the weight management programme to your patients?*

- Would you like to continue to deliver a weight management programme like My Choice?

Question 8 *– Are there any other points about the weight management programme you would like to make?*

Question 9 *– Do you have any suggestions for additional support or services that could be offered to help people lose weight?*

Thank you for your time in participating in this interview.

A6 Participant Questionnaire

This appendix details the questions asked in the self-completion postal questionnaire that was sent to the Programme participants. Please note that the format of the questionnaire itself differed from the format shown below.

Q1 **Where did you undertake the *My Choice Weight Management Programme*?**
Tick one only

At a pharmacy (chemist) ..... ❑ **Go to Q1a**

At my GP (doctor) surgery ❑ **Go to Q1b**

Q1a **How did you find out about the *My Choice Weight Management Programme* at the pharmacy (chemist)?**
Tick all that apply and include any other(s) not listed

I saw a leaflet or poster whilst I was in the pharmacy ..... ❑

I saw a poster in the pharmacy window ..... ❑

It was recommended by the pharmacist or other pharmacy staff ..... ❑

It was recommended by a family member or friend ..... ❑

Other ..... ❑

Please specify

Go to Q2

Q1b **How did you find out about the *My Choice Weight Management Programme* at your GP (doctor) surgery?**
Tick all that apply and include any other(s) not listed

I saw a leaflet or poster in the surgery ..... ❑

It was recommended by my doctor (GP) or nurse at the surgery ..... ❑

It was recommended by someone else at the surgery (for example, a receptionist) ..... ❑

It was recommended by a family member or friend ..... ❑

Other ..... ❑

Please specify

Go to Q2

Q2 **If there had been a choice, would you have preferred to go to a pharmacy (chemist) or your GP (doctor) surgery to take part in the *My Choice Weight Management Programme*?**
Tick one only

I would have preferred to go to a pharmacy ..... ❑ **Go to Q2a**

I would have preferred to go to my GP surgery ..... ❑ **Go to Q2b**

I have no preference ..... ❑ **Go to Q3**

Q2a **Why would you prefer to go to a pharmacy to take part in the *My Choice Weight Management Programme*?**
Tick all that apply and include any other(s) not listed

I know the staff already ..... ❑

The staff at the pharmacy are friendly ..... ❑

It is closer or more convenient than my GP surgery ..... ❑

Other ..... ❑

Please specify

Go to Q3

Q2b **Why would you prefer to go to your GP surgery to take part in the *My Choice Weight Management Programme*?**
Tick all that apply and include any other(s) not listed

I know the staff already ..... ❑

The staff at the GP surgery are friendly ..... ❑

It is closer or more convenient than the local pharmacy..... ❑

Other ..... ❑

Please specify

Go to Q3

Q3 How did you travel to the pharmacy or GP surgery for the appointments (bus, walk, car)?
Tick all that apply and include any other(s) not listed

Bus ..... ❑

Walk ..... ❑

Car: 0-10 minute journey ..... ❑

Car: greater than 10 minute journey ..... ❑

Train ..... ❑

Cycle ..... ❑

Other ..... ❑

Please specify

Q4 Why did you decide to take part in the *My Choice Weight Management Programme*?
Tick all that apply and include any other(s) not listed

The Programme was free ..... ❑

I wanted to lose weight in general ..... ❑

I wanted to lose weight after having a baby..... ❑

I wanted to lose weight because of reasons related to my health (for example, if you suffer from diabetes or arthritis, etc) ..... ❑

I wanted to keep weight off after having previously lost weight ..... ❑

I was advised to lose weight by a healthcare professional (for example, doctor/nurse/ pharmacist) ..... ❑

I was advised to take part in the Programme by doctor/nurse/other healthcare professional ..... ❑

Other ..... ❑

Please specify

Q5 **Have you taken part in any weight management programmes before?**
Tick all that apply

Yes, Weight Watchers or other similar organised programme ..... ❑ **Go to Q5a**

Yes, followed a specific diet on your own (for example, Atkins diet) ..... ❑ **Go to Q5a**

No ..... ❑ **Go to Q6**

Q5a **Compared to other programmes I have tried, the *My Choice Weight Management Programme* was:**
Tick one only

❑ *More successful* ❑ *About as successful* ❑ *Less successful*

Q6 **Thinking again about the *My Choice Weight Management Programme*, how easy was it to join the programme?**
Tick one only

❑ *Very easy* ❑ *Easy* ❑ *Neither easy nor difficult* ❑ *Difficult* ❑ *Very difficult*

Q7At the start of the Programme, before you signed up, were you provided with information on the Programme to explain what was involved?
Tick one only

Yes ..... ❑ **Go to Q7a** *No* ..... ❑ **Go to Q8**

Q7a **How was information on the Programme provided?**
Tick one only

Someone spoke to me and explained what the Programme involved (I was not given any information to take away and read) ..... ❑ **Go to Q8**

Someone gave me information to take away and read (no one spoke to me and explained what the Programme involved) ..... ❑ **Go to Q7b**

Someone spoke to me and *explained what the Programme involved* ***and*** *gave me information to take away to read.* ..... ❑ **Go to Q7b**

Q7b **Did you read the information provided on the Programme?**
Tick one only

Yes ..... ❑ *No* ..... ❑

Q8 **At the start of the Programme, before you signed up, did you understand what you had to do?**
Tick one only

Yes..... ❑ *No*..... ❑

Q9 **As the Programme progressed, how good were the staff at the pharmacy or GP surgery in giving you the information you needed during each visit to help you to lose weight?**
Tick one only

❑	❑	❑	❑	❑
Very good	*Good*	*Neither good nor poor*	*Poor*	*Very poor*

Q10 **As the Programme progressed, did the staff at the pharmacy or GP surgery provide you with enough support?**
Tick one only

❑	❑	❑
Yes	*No*	*Unsure*

Q11 **In your opinion, how much knowledge did the staff have about the *My Choice Weight Management Programme*?**
Tick one only

A lot - the staff were very knowledgeable about the Programme ..... ❑

Some - the staff were fairly knowledgeable about the Programme ..... ❑

A little - the staff were not that knowledgeable about the Programme..... ❑

Hardly any - the staff were not knowledgeable at all about the Programme.. ❑

Q12 **As the Programme progressed, did you receive support from other areas (e.g. family, friends)?**
Tick one only

Yes..... ❑ **Go to Q12a** *No* ..... ❑ **Go to Q13** *Unsure* .. ❑ **Go to Q13**

Q12a **Did you find having support from your family and friends made a positive difference?**
Tick one only

❑	❑	❑
Yes	*No*	*Unsure*

Q13 **Was it easy to make weekly appointments with the staff at the pharmacy or GP surgery?**
Tick one only

Yes..... ❑

No, appointments were available but not at a convenient time..... ❑

No, appointments were not available..... ❑

Unsure..... ❑

Q14 **Did you find it helpful to have measurements (weight/waist circumference/blood pressure) taken every week?**
Tick one only

Yes..... ❑ **Go to Q14a** *No* ..... ❑ **Go to Q15** *Unsure* ❑ **Go to Q15**

Q14a **Why was it helpful to have measurements (i.e. weight/waist circumference/height/blood pressure) taken every week?**

Q15 **Did you find the weekly targets useful?**
Tick one only

Yes ..... ❑ *No* ..... ❑ *Unsure* ..... ❑

Q16 **Were you told about any other activities in your area you could attend?**
Tick all that apply and include any other(s) not listed

No..... ❑

Yes, Be Active (free gym/exercise classes/swimming) ..... ❑

Yes, walks programmes ..... ❑

Yes, Size Down (self-referral weight management course - 12 weeks) ..... ❑

Yes, Other..... ❑

Please specify

Q17 **Did you need to make changes to your day-to-day life to follow the *My Choice Weight Management Programme*?**
Tick one only

Yes..... ❑ **Go to Q17a** *No* ..... ❑ **Go to Q18** *Unsure* ❑ **Go to Q18**

Q17a **How easy was it to make the changes required to fit the Programme into your day-to-day life?**
Tick one only

❑	❑	❑	❑	❑	❑
Very easy	*Easy*	*Neither easy nor difficult*	*Difficult*	*Very difficult*	*Unsure*

Q18 **How easy did you find it to attend the weekly sessions and the follow up sessions?**
Tick one only

❑	❑	❑	❑	❑	❑
Very easy	*Easy*	*Neither easy nor difficult*	*Difficult*	*Very difficult*	*Unsure*

Q19 **Did you complete the *My Choice Weight Management Programme* (i.e. attend at least nine of the twelve weekly sessions)?**
Tick one only

Yes ..... ❑ **Go to Q22** *No* ..... ❑ **Go to Q20**

Q20 **Why did you not complete the *My Choice Weight Management Programme*?**
Tick all that apply and include any other(s) not listed

I became ill. ..... ❑

I chose an alternative weight management activity ..... ❑

I did not lose weight quick enough ..... ❑

I lost interest in the idea ..... ❑

I found it difficult to fit the Programme into my day to day life because of reasons relating to childcare ..... ❑

I found it difficult to fit the Programme into my day to day life because of work or other commitments got in the way ..... ❑

Other ..... ❑

Please specify

Q21 **What could have been done to help you complete the Programme?**

Q22 In your opinion, what was good about the *My Choice Weight Management Programme*?
Tick all that apply and include any other(s) not listed

It helped me gain a better understanding of healthy eating ..... ❑

It helped me increase the amount of exercise I do ..... ❑

It helped me lose weight ..... ❑

It helped me manage my portion control ..... ❑

It helped me understand why I gain weight ..... ❑

It included information on both diet and exercise ..... ❑

It was easy to follow/straightforward ..... ❑

It wasn't too quick - the Programme built up gradually ..... ❑

The staff were supportive ..... ❑

Other ..... ❑

Please specify

Q23 What are the main changes you have made to your diet as a result of the *My Choice Weight Management Programme*?
Tick all that apply and include any other(s) not listed

I am more aware of how to keep weight off ..... ❑

I drink more water ..... ❑

I eat less sugary or fatty foods ..... ❑

I eat more fruit and vegetables ..... ❑

I have reduced or stopped snacking ..... ❑

I only eat when I am hungry ..... ❑

I tend to pick healthier choices for my food ..... ❑

I think about the food I eat more (for example, look at labels or portion sizes)..... ❑

Overall, I drink less alcohol..... ❑

Overall, I eat less ..... ❑

No change..... ❑

Other ..... ❑

Please specify

Q24 **Since you started the Programme, have there been any changes to how much activity you do?**
Tick one only

❑ *Yes, I walk more or take more exercise*

❑ *No*

Q25 **Do you think you will be able to keep up the changes you have made since starting the *My Choice Weight Management Programme*?**
Tick one only

❑ **Go to Q26** *Yes*

❑ **Go to Q25a** *No*

❑ **Go to Q26** *Unsure*

Q25a **Why do you *not* feel you would be able to keep up the changes you have made since starting the *My Choice Weight Management Programme*?**

Q26 Aside from weight loss, did you notice any other benefits?
Tick all that apply and include any other(s) not listed

I am able to do more exercise ❑

I feel happier ❑

I feel more confident ❑

I have less pain in my joints ❑

I have more energy ❑

My clothes fit better/I am able to wear smaller clothes ❑

Other ❑

Please specify

Q27 Which parts of the Programme do you think are the *most useful* to help people lose weight?
Tick all that apply and include any other(s) not listed

Cooking tips ❑

Having measurements taken ❑

Keeping a record of foods eaten ❑

Knowing about portion sizes ❑

Knowing about the content of different foods ❑

Meal planning ❑

The leaflets I was provided with ❑

The support available if you don't lose weight every week ❑

The weekly contact and support provided by the Programme..... ❑

Other ..... ❑

Please specify

Q28 Which parts of the Programme were the *most difficult*?
Tick all that apply and include any other(s) not listed

Eating less..... ❑

Getting into a routine ..... ❑

Getting to the appointments ..... ❑

Having the motivation to keep going..... ❑

Keeping the weight off after the Programme had finished ..... ❑

Making changes to my diet..... ❑

Other ..... ❑

Please specify

Q29 Would you have preferred to attend a weight management programme in an organised group session rather than individual appointments?
Tick one only

No, I would prefer one-to-one sessions (as with the My Choice Weight Management Programme) ..... ❑

Yes, I would prefer small group sessions (2-5 participants) ..... ❑

Yes, I would prefer larger group sessions (6-15 participants) ..... ❑

I have no preference ..... ❑

Q30 If the programme was repeated, which parts of the programme do you think should be changed?
Tick all that apply and include any other(s) not listed

Having the location closer to your home ❑

Less weighing and measuring ❑

More detailed leaflets ❑

More feedback from staff ❑

Other ❑

Please specify

Q31 Did you lose weight as part of the *My Choice Weight Management Programme*?
Tick one only

❑	❑	❑
Go to Q31a	**Go to Q32**	**Go to Q32**
Yes	*No*	*Unsure*

Q31a Since you finished the *My Choice Weight Management Programme*, have you kept off the weight you lost?
Tick one only

Yes, I have managed to keep the weight off since finishing the Programme ❑

Yes, I have lost even more weight since finishing the Programme ❑

No, I have gained a little weight since finishing the Programme but I am still lighter than when I started the Programme ❑

No, I have gained weight since finishing the Programme and weigh more than I did when I started the Programme ❑

Unsure ❑

Q32 Would you recommend the *My Choice Weight Management Programme to anyone else?*
Tick one only

Yes ❑ *No* ❑ *Unsure* ❑

Q33 **Are there any other points about the My Choice Weight Management Programme you would like to make?**

Q34 **Do you have any suggestions for additional support or services that could be offered to help people lose weight?**

Thank you for your time in filling in this questionnaire.
Your comments and suggestions will help us evaluate the My Choice Weight Management Programme.