How group interventions are delivered in Tier 3 weight management programmes across the UK: A scoping review of current practice

Dawn Swancutt¹, Mark Tarrant², Jonathan Pinkney³

¹ University of Plymouth, ² University of Exeter

Background
In response to rising demand, many NHS providers have developed group programmes for specialist Tier 3 weight management care. However, there is limited:
• information on how groups are used
• evidence on the indications for use
• guidance on the optimal structure of groups
• information on delivery method

We undertook a scoping exercise to describe current use of group approaches in Tier 3 to begin to address this knowledge gap.

Methods
Current use of group-based approaches were investigated through Association for the Study of Obesity (ASO) members.

Centres shared information on:
• use of group sessions
• session design
• delivery method
• staffing organisation

We used Borek et al.’s (2015) reporting structure for group-based behaviour-change interventions to guide our enquiry.

Results
Group approaches were widespread but not universal. Some centres provided group approaches for selected indications (e.g. people with eating disorders, for psychological support, pre and post bariatric surgery), whereas others routinely adopted group approaches for all patients.

Duration of individual sessions ranged from 40 minutes to 2 hours, and sometimes included physical activity. Some programmes explicitly based content on behavioural change theory, whereas others took a more pragmatic approach, incorporating ongoing content development and updates.

In centres using groups, the objectives, methods, structure and content of group activities varied widely; including both structured meetings and additional support mechanisms such as social media. There was little data on performance and outcomes.

Discussion
Effective group treatments are potentially very important interventions for Tier 3 weight management services. A range of highly innovative uses of group sessions was observed, but there was substantial variation in their purpose, the extent of their use, and in design and delivery. The optimum uses of group approaches in Tier 3 and designs for the best outcomes are currently unclear.

The range of ways in which group sessions are provided

<table>
<thead>
<tr>
<th>ASO programme</th>
<th>No. of group sessions offered</th>
<th>Session duration (mins)</th>
<th>Regularity</th>
<th>Length of programme (months)</th>
<th>Group size (n)</th>
<th>Participant may bring a companion?</th>
<th>Session delivered by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>60</td>
<td>One-off</td>
<td>6</td>
<td>6-8</td>
<td>Yes</td>
<td>Nurses &amp; dietician</td>
</tr>
<tr>
<td>2</td>
<td>12</td>
<td>60</td>
<td>Weekly</td>
<td>6</td>
<td>6-8</td>
<td>No</td>
<td>Physical activity lead</td>
</tr>
<tr>
<td>3</td>
<td>5</td>
<td>60</td>
<td>One-off</td>
<td>12</td>
<td>3-20</td>
<td>Not generally</td>
<td>Varies according to purpose</td>
</tr>
<tr>
<td>4</td>
<td>8</td>
<td>60-90</td>
<td>Weekly/monthly</td>
<td>6</td>
<td>5-12</td>
<td>Carers if required</td>
<td>Dietician or councilor</td>
</tr>
<tr>
<td>5</td>
<td>8</td>
<td>120</td>
<td>Fortnightly</td>
<td>6</td>
<td>Max 18</td>
<td>No</td>
<td>Dietician &amp; physiotherapist</td>
</tr>
<tr>
<td>6</td>
<td>24</td>
<td>40</td>
<td>Weekly</td>
<td>6</td>
<td>12-14</td>
<td>No</td>
<td>Dietician, nutritionist or physical activity lead</td>
</tr>
<tr>
<td>7</td>
<td>28</td>
<td>90 &amp; 60</td>
<td>Weekly/monthly</td>
<td>24</td>
<td>Max 15</td>
<td>No</td>
<td>Nurse specialist, dietician or psychologist</td>
</tr>
<tr>
<td>8</td>
<td>4</td>
<td>90</td>
<td>Monthly</td>
<td>6</td>
<td>Max 8</td>
<td>No</td>
<td>Dietician</td>
</tr>
<tr>
<td>9</td>
<td>7</td>
<td>90</td>
<td>Monthly</td>
<td>6</td>
<td>Max 8</td>
<td>No</td>
<td>Dietician &amp; psychologist</td>
</tr>
</tbody>
</table>

Additional support mechanisms for groups identified:
- Patient led Facebook page
- NHS Choices website
- Health coach
- Football clubs
- Evening & weekend appointments

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