

Specialist Weight Management Services - Your Views

Introduction

Help shape the future of local specialist weight management services (local clinics to help people who are very obese and aren't able to lose weight with other kinds of services and support).

The UK is facing an obesity epidemic. In the UK, more than 1 in 4 adults are obese, and the prevalence is increasing. In Leeds 62% of people aged 16+ are overweight.

There are four different tiers of weight management services that can support people to lose weight and reduce the health complications that arise from being overweight:

Tier 1 covers universal services (such as health promotion messages or primary care)

Tier 2 covers lifestyle weight management services (such as healthy eating and exercise services)

Tier 3 covers specialist weight management services (such as specialist low calorie diets, talking therapies – CBT)

Tier 4 covers weight loss (bariatric) surgery.

This survey focuses on the **Tier 3 Specialist Weight Management Service** in Leeds. The Specialist Weight Management Service offers a weight management programme for a period of 12-18 months that supports adults with severe and complex obesity to lose weight. They provide a range of interventions including medical support, specialist diets and talking therapies.

We want to hear from people in Leeds about their views and experiences of accessing the Tier 3 Specialist Weight Management Service. We also want to hear from the wider public, in particular people who might use Specialist Weight Management Services in the future. The feedback will help us design future services that meet the needs of people in Leeds.

Closing date for feedback is the end of the day on **Sunday 9th September 2018**

Who are you filling this in as?

I am filling this in as: *

- Someone who has used or is currently using Tier 3 Specialist Weight Management Services in Leeds **(GO TO SECTION 1, PAGE 3)**
- A carer of someone who has used or is currently using Tier 3 Specialist Weight Management Services in Leeds **(GO TO SECTION 1, PAGE 3)**
- Someone who has used any other weight management services in Leeds **(GO TO SECTION 2, PAGE 6)**
- Other member of the public **(GO TO SECTION 3, PAGE 9)**

1. I am someone who is a service user or a carer

2. When did you last use the Specialist Weight Management Service?

- In the last week
- In the last month
- In the last six months
- In the last year
- Over one year ago

3. Overall how satisfied are you with your (or the person you care for's) experience of using the Specialist Weight Management Service in Leeds?

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied
- Not sure

4. What do you like about the Specialist Weight Management Service?

5. Would you (or the person you care for) use any of the following tools to support your treatment? (please tick all that apply)

- Apps (on your smartphone)
- Online weight management tools (such as a website)
- Weight management diary
- Peer support (support from other people in Weight Management Services)
- Other (please state):

6. What type of appointments would you (or the person you care for) prefer? (please tick all that apply)

- Face to face individual appointment
- Group sessions
- Skype sessions
- Telephone appointments
- A mix of the above options
- Other (please specify):

7. Ideally, where would you like to access Specialist Weight Management Services? (please select all that apply)

- Hospital setting
- A local health venue, close to home (such as a GP or health centre)
- Fitness centre or gym
- Other (please specify):

8. What would the best times be for you (or someone you care for) to access Specialist Weight Management Services? (please select all that apply)

- Weekdays, AM
- Weekdays, PM
- Weekdays, Evenings
- Saturday
- Sunday

9. Specialist Weight Management Services are generally provided by a team that includes doctors, nurses and dieticians. When designing services in the future what other health professionals would it be useful to see within specialist weight management services? (please select all that apply)

- Physical activity/exercise specialist
- Psychologist
- Physiotherapist
- Pharmacist
- Peer support worker (someone who has used the service themselves)
- Other (please specify):

10. How would you like to see us improve Specialist Weight Management Services?

11. Is there anything else we need to consider when we review the service?

You can now go to PAGE 11

2. User of other weight management services survey

12. Which weight management service(s) are you using or have used previously? (please select all that apply)

- Tier 1** - I have used or accessed support through primary care (such as your GP)
- Tier 2** - I have used lifestyle weight management services (such as healthy eating and exercise services) or Weight Watchers/Slimming World
- Tier 3** - I have used specialist weight management services such as specialist dietary support or talking therapies (such as Cognitive Behavioural Therapy, CBT)
- Tier 4** - I have had weight loss (bariatric) surgery
- I am unsure (tell us which services you have accessed):

13. When did you last use the weight management service(s)?

- In the last week
- In the last month
- In the last six months
- In the last year
- Over one year ago

14. Overall how satisfied are you with your experience of using weight management services in Leeds?

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied
- Unsure

15. What do you like about the weight management service(s) you have used?

16. Would you use any of the following tools to support your treatment? (please tick all that apply)

- Apps (on your smartphone)
- Online weight management tools (such as a website)
- Weight management diary
- Peer support (support from other people in Weight Management Services)
- Other (please state):

17. What type of appointments would you prefer? (please tick all that apply)

- Face to face individual appointment
- Group sessions
- Skype sessions
- Telephone appointments
- A mix of the above options
- Other (please specify):

18. Ideally, where would you like to access weight management services? (please select all that apply)

- Hospital setting
- A local health venue, close to home (such as a GP or health centre)
- Fitness centre or gym
- Other (please specify):

19. What would the best times be for you to access weight management services? (please select all that apply)

- Weekdays, AM
- Weekdays, PM
- Weekdays, Evenings
- Saturday
- Sunday

20. Weight management services are generally provided by a team that includes doctors, nurses and dieticians. When designing services in the future what other health professionals would it be useful to see within specialist weight management services? (Please tick all that apply)

- Physical activity/exercise specialist
- Psychologist
- Physiotherapist
- Pharmacist
- Peer support worker (someone who has used the service themselves)
- Other (please specify):

21. How would you like to see us improve weight management service(s)?

22. Is there anything else we need to consider?

You can now go to PAGE 11

3. Members of the public survey

23. If you were to access a weight management service, what would help you to monitor your progress through your treatment? (please tick all that apply)

- Apps (on a smartphone)
- Online weight management support (such as a website)
- Weight management diary
- Peer support (support from other people in weight management services)
- Other (please specify):

24. If you were to access a weight management service, what type of appointment would you prefer?

- Face to face individual appointment
- Group sessions
- Skype sessions
- Telephone appointments
- A mix of the above options
- Other (please specify):

25. Ideally, where would you like to access weight management services? (please select all that apply)

- Hospital setting
- A local health venue, close to home (such as a GP or health centre)
- Fitness centre or gym
- Other (please specify):

26. What would the best times be for you to access weight management services? (please select all that apply)

- Weekdays, AM
- Weekdays, PM
- Weekdays, Evenings
- Saturday
- Sunday

27. Weight management services are generally provided by a team that includes doctors, nurses and dieticians. When designing services in the future what other health professionals would it be useful to see within specialist weight management services? (please tick all that apply)

- Physical activity/exercise specialist
- Psychologist
- Physiotherapist
- Pharmacist
- Peer support worker (someone who has used the service themselves)
- Other (please specify):

29. Is there anything else we need to consider?

4. Find out more

Please share your contact details below if you would like to receive a copy of the engagement report and see what people have said. Your details will be stored in our system securely for one year and will only be used for the above purpose and any updates regarding this project.

What are your contact details?

Please note that you do not have to fill in your personal details to complete this survey.

Your personal information will be kept separate from the answers and your response to the questions will be anonymous.

Please be aware that if you provide us with personal information in your answers it may mean that your survey answers are no longer anonymous.

Name	<input type="text"/>
Address	<input type="text"/>
Email	<input type="text"/>
Telephone	<input type="text"/>
GP practice	<input type="text"/>

31. If you would like to find out more about any future changes to your local health services please tick this box to join our CCG Network.

Please make sure you have provided us with contact details above so we can get in touch. (If you tick the box below, we will be in contact with you shortly after the engagement has closed)

I would like to find out more about future changes to my local health services

5. Equality monitoring

It would be helpful if you could share some information with us so we can ensure we are hearing from a range of people who access health care in Leeds. Your information will be treated confidentially and individual information will not be shared or published

32. Please tick here if you would prefer not to answer any of the equality monitoring questions

I would prefer not to answer any of the equality monitoring questions

33. What is the first part of your postcode? e.g. LS28, LS13

34. What is your age?

- Under 16
- 16-25
- 26-35
- 36-45
- 46-55
- 56-65
- 66-75
- 76-85
- 86+
- Prefer not to say

35. Are you disabled? (The Equality Act 2010 defines disability as 'a physical, sensory or mental impairment which has, or had a substantial and long-term adverse affect on a person's ability to carry out normal day to day activities'.)

- Yes
- No
- Prefer not to answer

36. If yes, what type of impairment? (tick all that apply)

- Long standing illness
- Physical impairment
- Learning disability
- Mental health condition
- Hearing impairment (such as deaf or hard of hearing)
- Visual impairment (such as blind or partially sighted)
- Prefer not to answer
- Other (please specify):

37. What is your ethnic background?

- White British
- White Irish
- Gypsy and Irish Traveller
- Mixed White & Black Caribbean
- Mixed White and Black African
- Mixed White & Asian
- Asian/Asian British Indian
- Asian/Asian British Pakistani
- Asian/Asian British Bangladeshi
- Black/Black British Caribbean
- Black/Black British African
- Chinese
- Arab
- Prefer not to answer
- Other (please specify):

38. What is your gender?

- Female
- Male
- Non-binary (any gender identity which doesn't fit the male and female binary)
- Prefer not to say

39. Is your gender identity different to the sex you were assumed to be at birth?

- Yes
- No
- Prefer not to say

40. Pregnancy and maternity (The Equality Act 2010 protects women who are pregnant or have given birth within a 26 week period)

	Yes	No	Prefer not to say
Are you pregnant at this time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you recently given birth (within a 26 week period)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41. What is your religion or belief?

- Buddhism
- Christianity
- Hinduism
- Islam
- Judaism
- Sikhism
- No religion
- Prefer not to say
- Other (please specify):

42. What is your sexual orientation?

- Heterosexual/straight (opposite sex)
- Lesbian/gay woman (same-sex)
- Gay man (same-sex)
- Bisexual (both sexes)
- Prefer not to say
- Other (please specify):

43. What is your relationship status?

Marriage/civil partnership

Live with partner

Single

Widowed

Divorced

Prefer not to say

Other (please specify):

44. Are you a carer?

Yes

No

Prefer not to say