

Aim

To deliver a coproduced, comprehensive qualitative and economic evaluation of the NHS Low Calorie Diet pilot across broad and diverse populations.

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Background

The NHS Long Term Plan made a commitment to test a Low Calorie Diet (LCD) (achieved via a Total Diet Replacement (TDR) programme) for people living with, or at risk of, obesity and type 2 diabetes. Ten pilot sites were initially recruited to test the NHS LCD programme, delivered using one of three different delivery models: one to one, group or digital. As NHS England are collecting and analysing quantitative process and clinical impact data, an additional qualitative and economic evaluation was required.

Methods

A comprehensive mixed method evaluation, underpinned by an informed realist approach to determine what works, for whom, in what context, and why, delivered through a series of five interlinked work packages. This paper reports emerging findings from WP2 service delivery and fidelity which includes: documentary review; session observations (WP2.2); focus groups with providers (WP2.3); semi-structured interviews with health care professionals (WP2.4); and WP3 patient experience and inequalities to include: longitudinal patient surveys (WP3.1), interviews and visually represented patient journeys using adapted photovoice (WP3.2).

Findings

Data collection is underway, the findings presented here are emerging.

Motivators and Barriers

WP3.1 The vast majority of survey respondents were motivated to lose weight and manage their diabetes.

WP2.2, WP2.3 Referral staff and providers thought that patient motivation was key to a successful referral which results in uptake to the programme.

Programme Content and Delivery

WP2.2, WP3.1, WP3.2 Identified a need for more support, with emotional eating. Client led WhatsApp groups can provide an effective means of peer support.

WP3.1 Service users reported that the TDR stage helps with planning and organisation of food intake. A wider selection of products with a variety of flavours and textures, to suit different palates would be welcomed by service users on the programme with some providers. Where service users order the TDR products at the beginning of the 12 weeks, storage and deciding the correct flavours of soups and shakes can present challenges, service users who ordered every four weeks found greater control and choice over preferences.

Inequalities

WP2.2 The degree of cultural adaptation is variable across providers, greater consistency would be welcomed. Some providers have developed resources to support at the different phases of the programme during cultural festivals.

WP2.2 The level of assumed client health literacy doesn't always align with health literacy levels observed.

WP2.4 Health care professional referral staff felt more information about the programme in other languages would reduce possible barriers to engagement with the programmes.

Marketing and Communications

WP3.1 Most service users found out about the programme through their health care professional.

WP2.4 Health care professional referrers discussed an interest in the outcomes for patients they refer and would value more frequent updates on patient progress.

WP2.4 Health care professional referrers suggested that the referral process is reinforced where information materials are available to share with eligible patients.

Eligibility and Referral Process

WP3.1 28% of survey respondents reported to have never lost more than 5kg in weight during any time in their life prior to taking part in the programme

WP3.1 90% of survey participants were informed by their health care professional that they would be on TDR and around 80% felt their health care professional explained the LCD programme well.

WP2.4 A time delay between referral and patient receiving the first contact from the service provider was reported by some health care professional referral staff. This was linked to providers waiting for sufficient numbers for groups to start.

Conclusion

The evaluation findings are providing real time insights to inform ongoing service development and future procurement activity.

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