



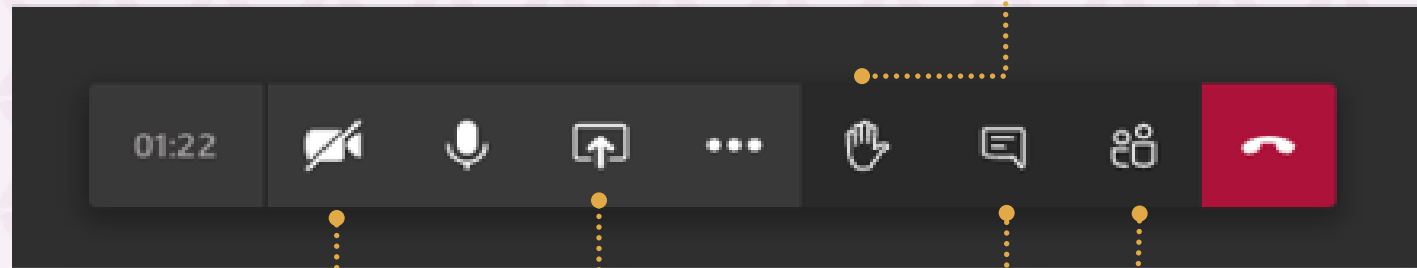
# Xyla Health & Wellbeing How to initiate Healthy Lifestyle Conversations

Mosope Ojo

Senior Engagement Officer

[Mosope.Ojo@xylahealth.com](mailto:Mosope.Ojo@xylahealth.com)

# Desktop browser/ app MS Teams Tool bar:



Raise your hand to **ask a question** - not available on all smart phones

View the **other participants**

View or contribute to the **group chat**

**Mute Yourself** – If there is a line through the image you are muted

Control your **video** – If there is a line through the image your camera is off

# Smart phone browser/ app MS Teams Tool bar:

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View or contribute to the **group chat**

## Healthcare Professional Training - Webinar

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### Objectives:

Training to support Healthcare Professionals with initiating healthy lifestyle conversations.

### Overview:

How to initiate healthy lifestyle conversations

Xyla Health & Wellbeing – Free lifestyle services

Supporting individuals on their new journey to a healthier lifestyle



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## Ice breaker – Quiz!



## Background

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- It is projected that the NHS will spend £\_\_\_\_\_ billion on obesity-related ill-health by 2050

**£9.7 billion**

- % of adults in the UK living with obesity

**28%**

Recent evidence shows that there are higher mortality rates from COVID-19 relating to overweight and obesity.

- % of physically active adults in the UK

**66%**

- According to The Health Foundation, what are the leading risk factors in the UK for ill health:
  - **Smoking**
  - **Physical Inactivity**
  - **Poor diet**

Xyla H&W Image here



# Healthy Lifestyle Conversations

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How confident are you with engaging your patients/  
service users (SUs) on the topic of obesity?

Not at all confident

Very confident

1 2 3 4 5 6 7 8 9 10

## Your experiences

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What are the barriers to engaging patients/SU's/ their carers in obesity conversations?



## **Key barriers**

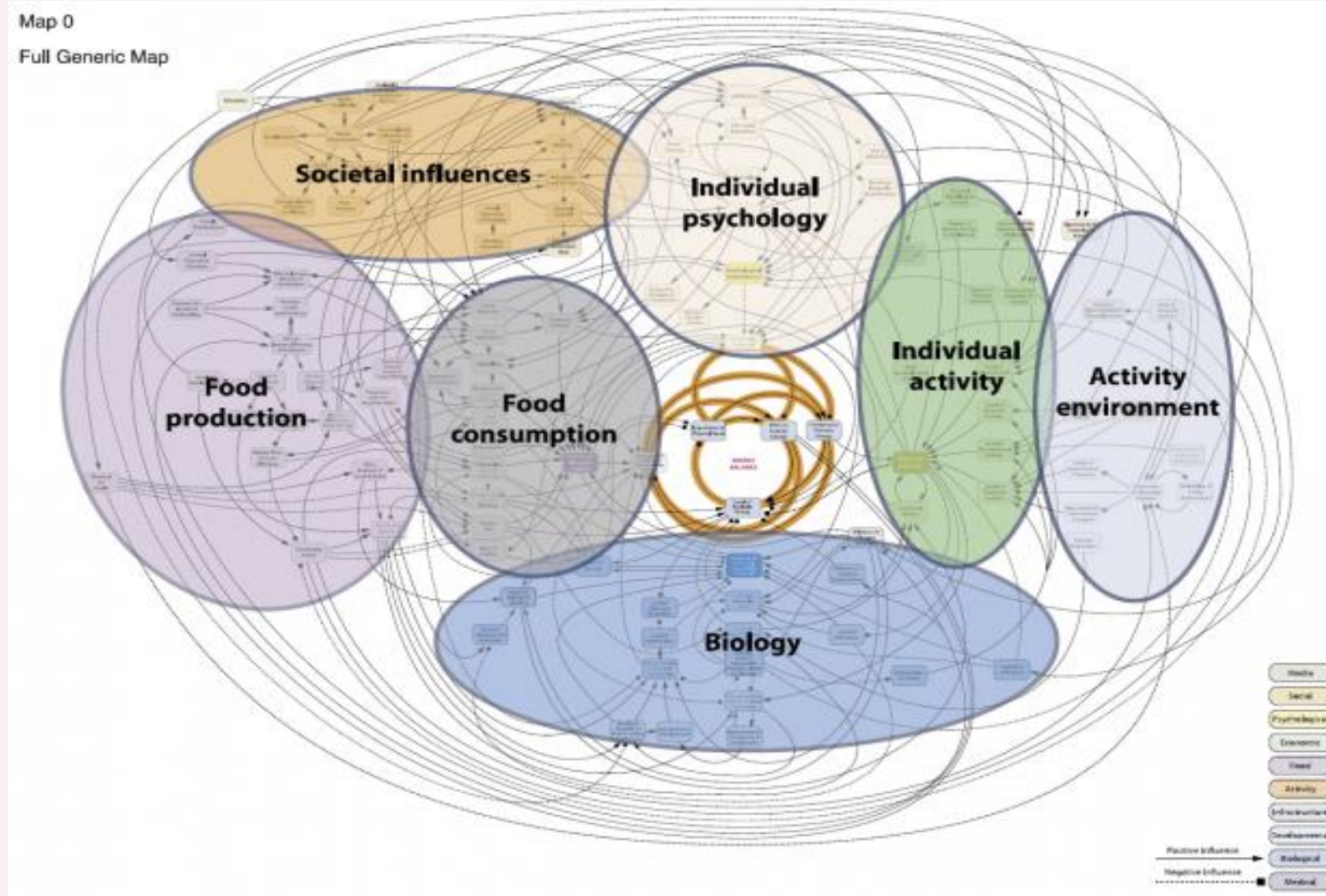
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Lack of understanding of the impact of obesity on the individual

Frustrations around the ability to manage obesity

Difficulties with starting the conversation on weight

# Lack of understanding of the impact of obesity on the individual



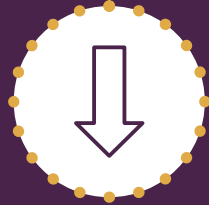
Ref: 1. The foresight report

# The benefits of 5% weight loss:

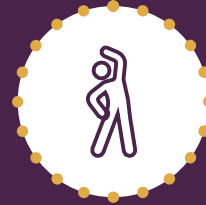
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**Blood  
cholesterol**



**Reduced risk of developing  
diabetes related complications**



**Increased  
mobility**



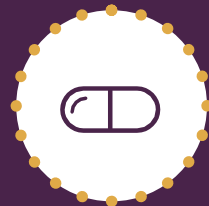
**Reduced risk of heart  
disease**



**Blood glucose  
levels**



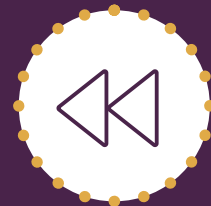
**Blood pressure**



**Reduced amount of medication  
needed for diabetes and  
other medical issues**



**Improved body  
image**



**Diabetes  
remission**

# Difficulties in starting the conversation

- Appropriate timing; especially if other health concerns
- Risk of patient feeling judged / fobbed off
- Risk of damaging rapport / trusting relationship
- We may feel nervous about bringing it up – taboo subject
- May not feel confident about how to manage the ensuing conversation
- Added level of difficulty if working with patient and their carer/ advocate

## Approach's – Use of language

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Evidence based terms preferred by our patients<sup>10</sup>

More desirable terms	Less desirable terms
<b>Weight</b>	<b>Heaviness</b>
<b>Excess weight</b>	<b>Obesity</b>
<b>BMI</b>	<b>Large size</b>
<b>Weight problem</b>	<b>Excess fat</b>
<b>Unhealthy bodyweight</b>	<b>Fatness</b>
<b>Unhealthy BMI</b>	<b>Overweight status</b>

## Approach's – Use of language

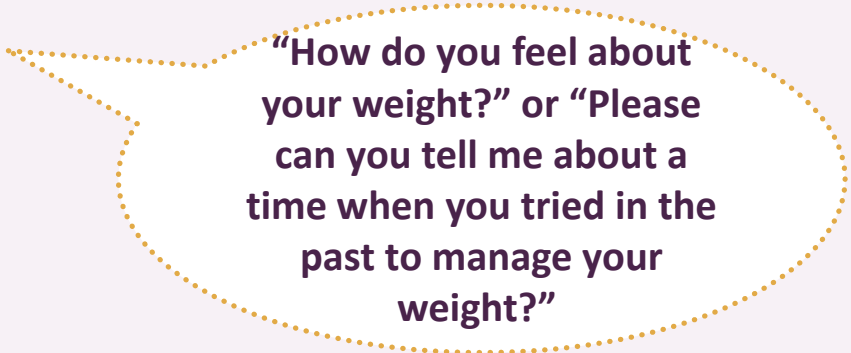
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Conversation starters – always ask permission to discuss weight



**“Is it ok if we discuss your weight today? “Is it ok if we discuss your health more generally today?”**

Conversation starters - use open questions



**“How do you feel about your weight?” or “Please can you tell me about a time when you tried in the past to manage your weight?”**



## Approach's – Use of language

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~~“I’m sure the problems you’ve had are  
associated to your weight”~~

~~“Ideally your BMI, which is your  
height in relation to your weight,  
should be somewhere between 18  
and 25...between 25 and 35 you’re  
considered clinically obese...from the  
measurement that you’ve had done  
today, you certainly fall into that  
category”~~

~~“At your weight, you really need to do  
more exercise. In terms of diet now,  
you obviously aren’t following the diet  
sheet”~~

“As you said, your weight’s crept up a  
bit, you said you’d like to lose some  
weight because you’re feeling quite  
breathless”

“Would you mind if we spoke about  
your weight? Where do you think  
you’re at?”

“It’s fantastic that you’ve taken up  
swimming. Don’t worry that your  
weight hasn’t come down yet, the  
benefit to your health goes beyond  
weight loss”

Ref 9.EASO language  
matters

Dr. Marlon Morais - GP

How can we ensure that we maintain a patient-centred approach and help individuals to make positive long-term lifestyle changes?



## Approaches – Person centred – Top tips

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1. Listen and explore
2. Take into account a persons' readiness to change
3. Respect autonomy – even if you feel a decision is unwise
4. Involve the person in decisions about their care
5. Be curious to understand a persons' thoughts and feelings about their weight – avoid making assumptions
6. Use person centered language e.g. “person living with overweight/obesity” as opposed to “overweight/obese person”

# Clinical setting

## Approaches – Structuring the conversation- **The 5 A's**

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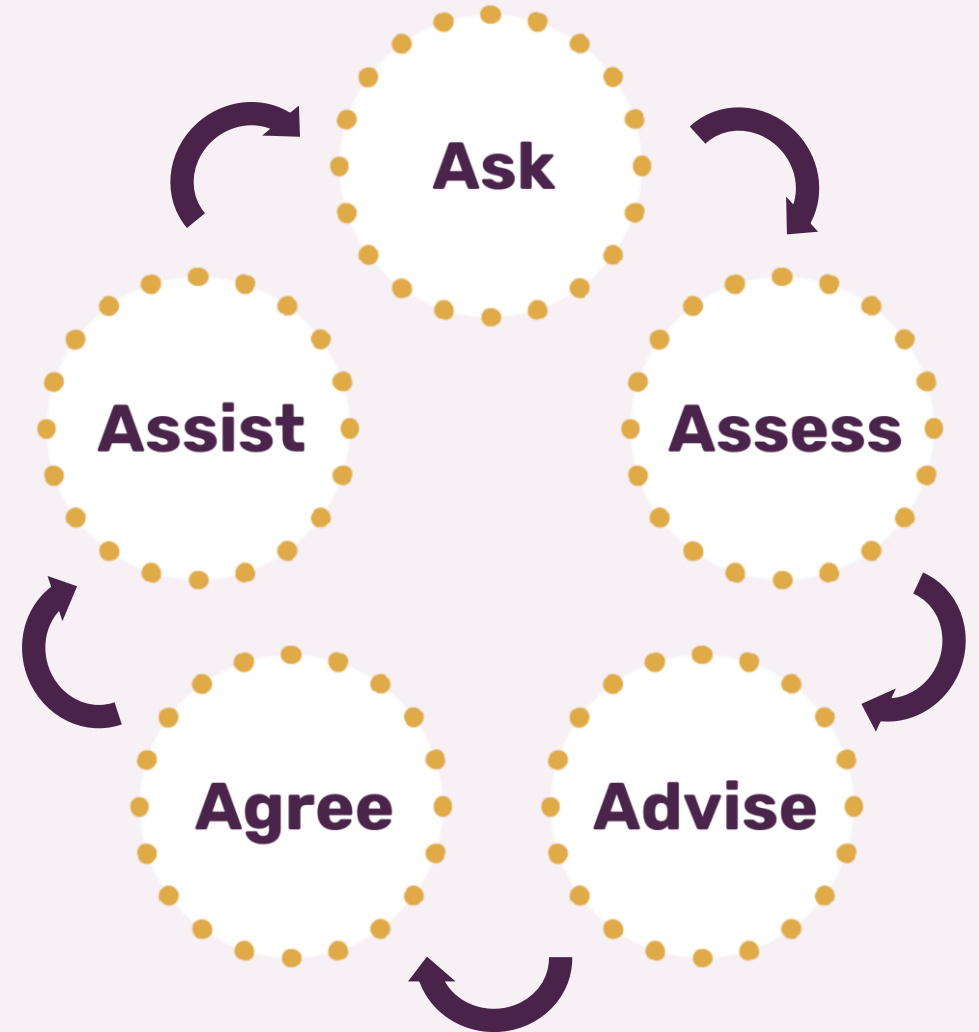
**Ask** permission to discuss weight and explore readiness to change

**Assess** BMI and waist circumference

**Advise** on the health risks of excess weight, the relevant benefits of 5% weight loss, the need for a long term strategy and treatment options

**Agree** on the next steps e.g. referral / monitoring / specific lifestyle goals

**Assist** in identifying & overcoming barriers, sharing resources and liaised with service providers



# Not in a clinical setting/ Working with carers

## Approaches – Structuring the conversation – The 5 A's

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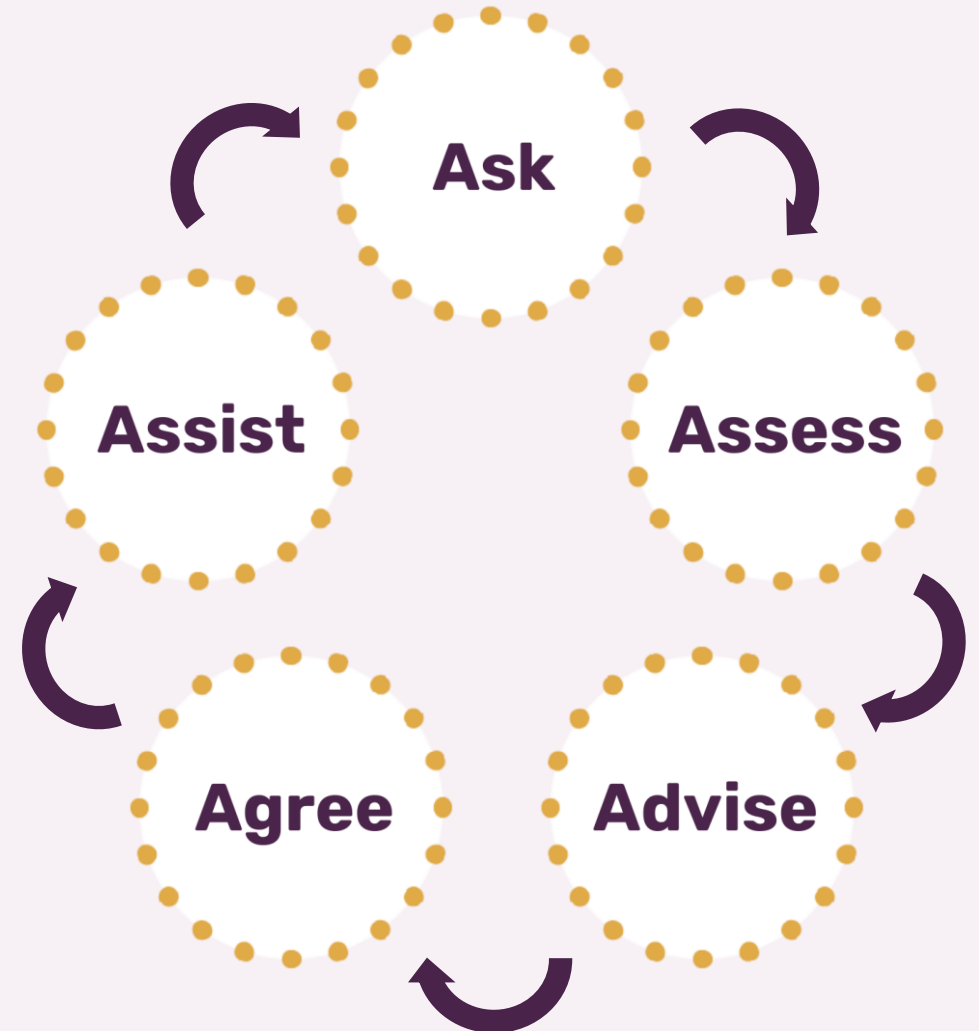
**Ask** permission to share information about Xyla lifestyle services

**Assess** what a person already knows about the service and its benefits

**Advise** on the benefits of the programme and where to find more information/ self-refer

**Agree** on the next steps

**Assist** in identifying & overcoming barriers, sharing resources and liaised with service providers



# Healthier You: NHS Diabetes Prevention Programme (NDPP)



# What is the NDPPP?



Reduce incidence of Type 2 Diabetes-Mellitus (T2DM)

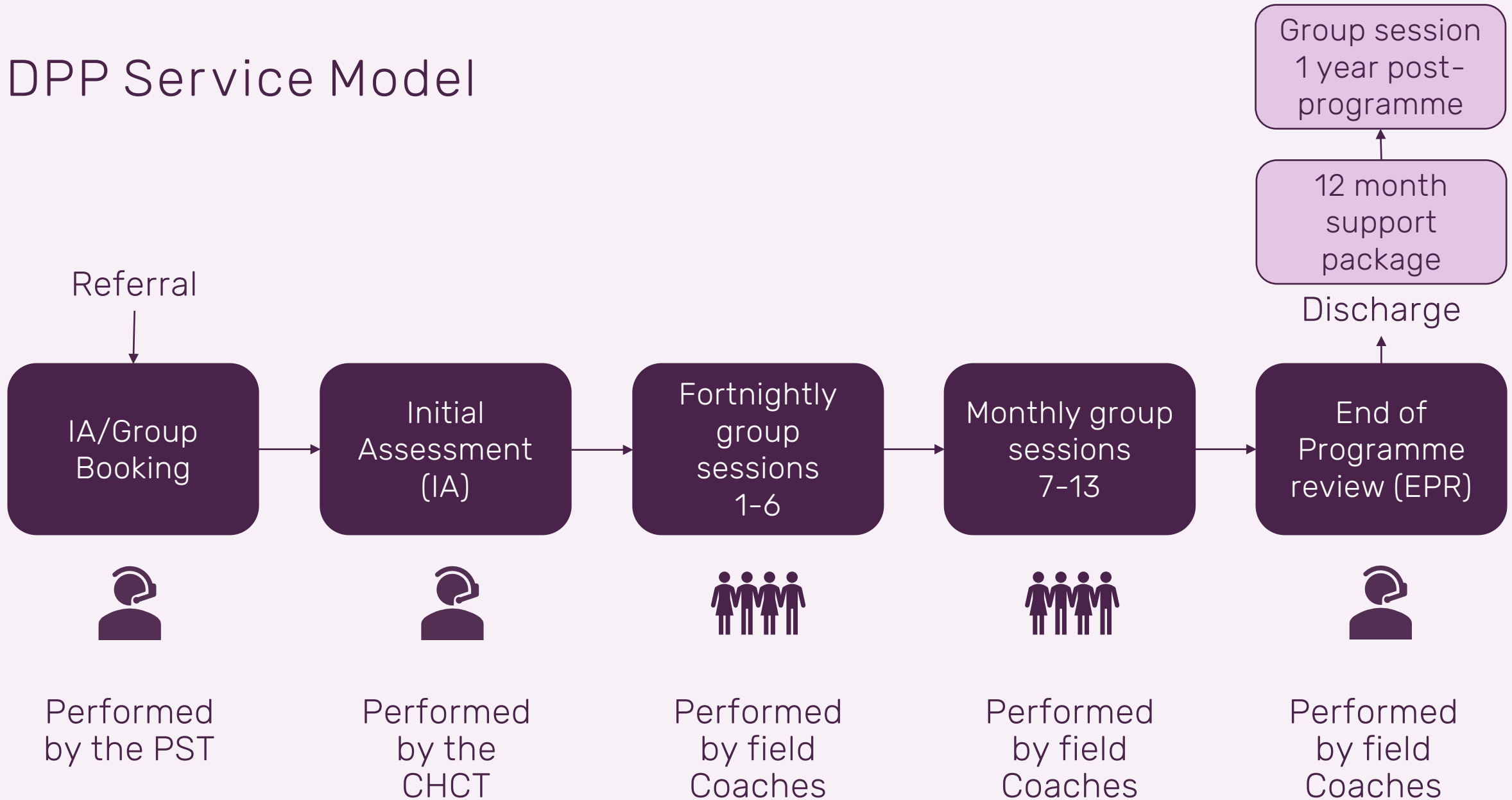


Reduce weight in overweight/obese individuals or maintain a healthy weight



Reduce blood glucose parameters

# NDPP Service Model



# The Digital Service

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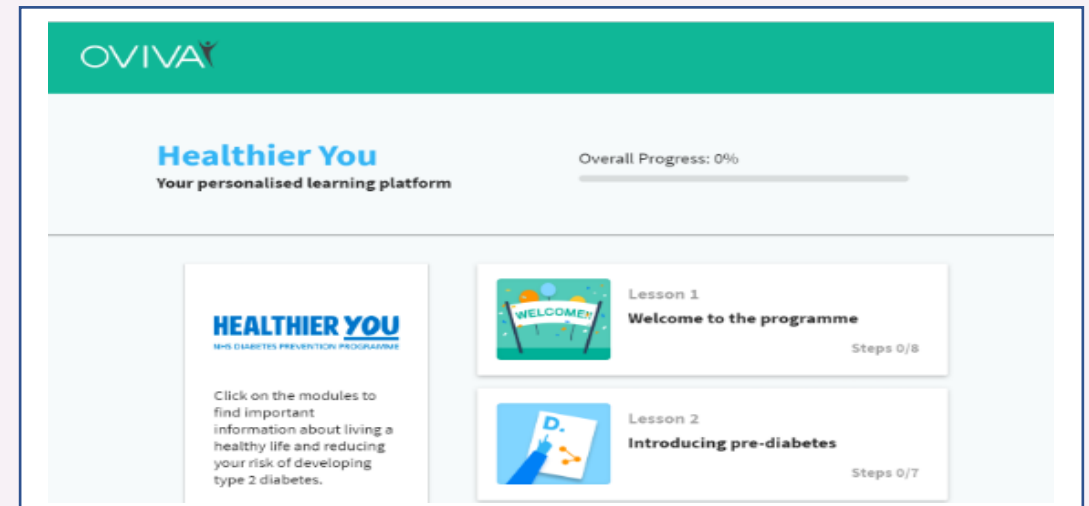
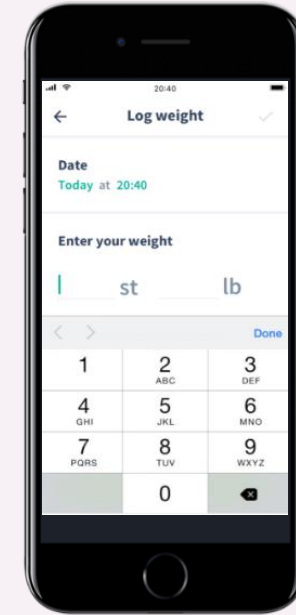
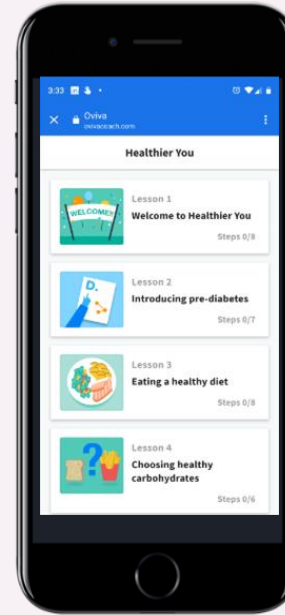
Delivered by Oviva

1:1 approach

Access to a personal coach

Flexible and convenient appointments

Access to secure app



# Eligibility criteria

✓ 18 to 80-years old\*

✓ Registered with a GP practice

✓ Non-diabetic hyperglycaemia (NDH)

HbA1c of 42-47 mmol/mol (6.0 -6.4%) or a Fasting Plasma Glucose (FPG) of 5.5 -6.9 mmol/l within the 12 months

✓ Previous history of Gestational Diabetes Mellitus (GDM) and normoglycemia

HbA1C <42 mmol/mol within the past 12-months

✓ Know Your Risk assessment tool\*

A qualifying risk score of 16 or more when completing the Know Your Risk assessment tool

\*GPs of service users (SUs) >80-years-old must provide written confirmation that they perceive the benefits to attending outweigh the risks

\*\* Where an additional self-referral pathway is required and therefore available

# Exclusion criteria

✗ Previous diagnosis of T2DM

✗ Active eating disorder

✗ Severe/moderate frailty

✗ Undergone bariatric surgery in the last 2 years

✗ Pregnant

✗ <18-years-old

# Accessing the Service

## Primary Care and other Healthcare Professionals

Opportunistically through direct referral  
Referral form embedded in clinical system  
(<https://preventing-diabetes.co.uk/referrers/>)

Retrospectively  
Through retrospective searches of NDH registers  
spanning the last 12 months

Self-referral (blood test reading required)  
Following notification of blood tests, patient must have:

- HbA1c or FPG within the last 12 months
- NHS number

(<https://preventing-diabetes.co.uk/self-referral/>)

## Direct to Consumer

Self-referral (no blood test reading required)  
Score of 16+ on the Diabetes UK Know your Risk tool  
(<https://preventing-diabetes.co.uk/referral/2/>)



## Key signposting for patients/service users

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NHS Diabetes Prevention Programme:

<https://preventing-diabetes.co.uk/>

Tips for weight loss:

<https://www.bda.uk.com/resource/weight-loss.html>

Support for people living with overweight / obesity:

<https://www.obesityuk.org.uk/>

Tips for mindful eating:

<https://cdn.easo.org/wp-content/uploads/2020/03/31204856/EASO-Mindful-Eating-April-2020.pdf>

A series of short webinars for clinicians to use with their patients / SUs:

<https://patientwebinars.co.uk/condition/weight-management/webinars/>

Including exploring the diet cycle, triggers to eating and balanced eating

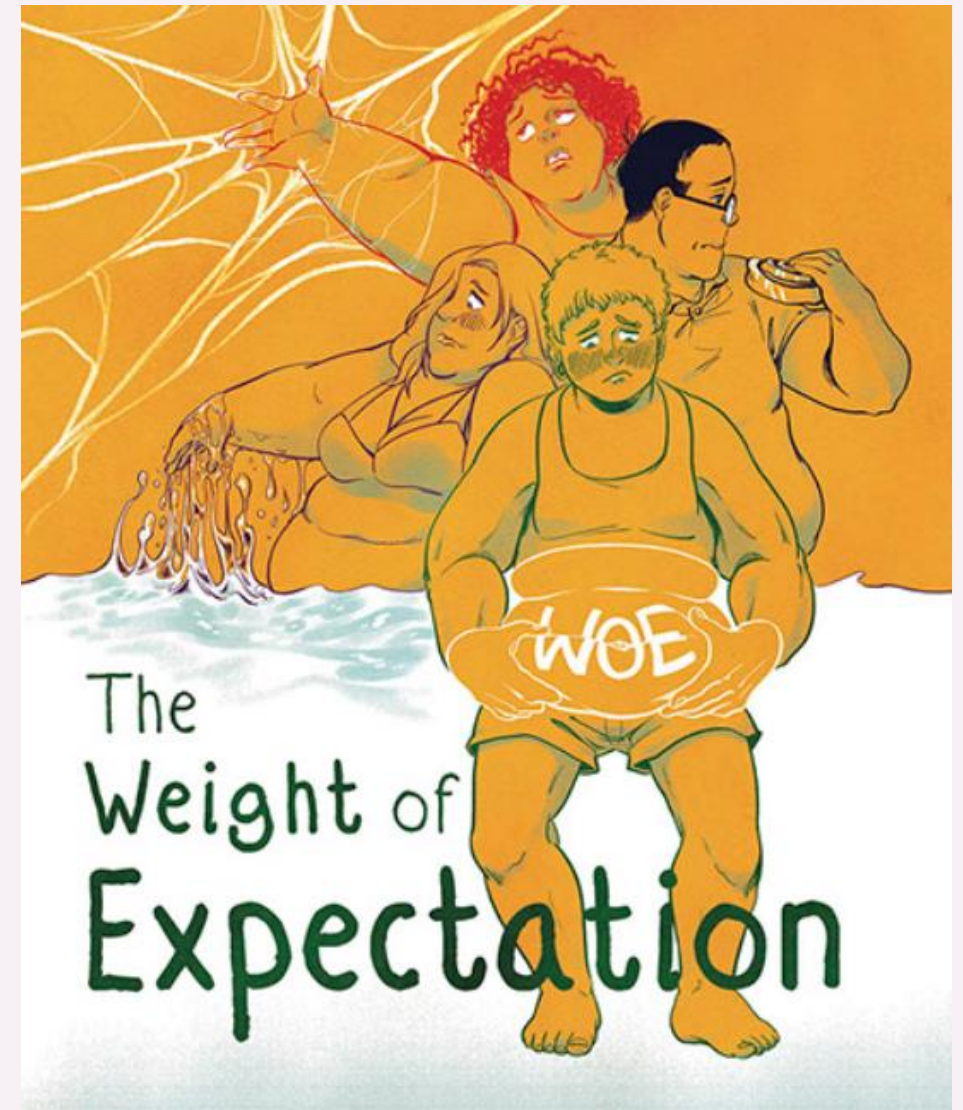
Resources to support persons with LD with weight management:

<https://www.ndr-uk.org/browse/c-Learning-Disabilities-Adults-33/c-Weight-Management-63/>

## Approach's – keeping up to date

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- **SCOPE** - “Specialist Certification of Obesity Professional Education” – internationally recognised training and education<sup>2</sup>
- **EASO** – education resources including webinars and local clinical guidelines<sup>3</sup>
- **The Royal College of GPs:** “The introductory Certificate in Obesity” including elearning, webinars and podcasts on the practicalities of management<sup>4</sup>
- **Stephen Rollnick** “Motivational interviewing for weight loss” online<sup>5</sup>
- **WHO** document on weight Bias and stigma<sup>6</sup>
- **“The Weight of expectation”** – comic depicting lived experience of weight stigma <sup>7</sup>





Q&A

## References and additional reading

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<https://foresightprojects.blog.gov.uk/2017/10/04/dusting-off-foresights-obesity-report/>

<https://www.worldobesity.org/training-and-events/scope/e-learning>

<https://easo.org/education/>

[https://elearning.rcgp.org.uk/mod/page/view.php?id=6534&\\_ga=2.236273217.1152232839.1618827418-1267584957.1618565339](https://elearning.rcgp.org.uk/mod/page/view.php?id=6534&_ga=2.236273217.1152232839.1618827418-1267584957.1618565339)

[https://www.euro.who.int/\\_data/assets/pdf\\_file/0017/351026/WeightBias.pdf](https://www.euro.who.int/_data/assets/pdf_file/0017/351026/WeightBias.pdf)

<http://www.actwithlove.co.uk/woe-digital-comic.html>

<https://www.stephenrollnick.com/training/#Health>

<https://nohow.eu/final-flyer/>

<https://cdn.easo.org/wp-content/uploads/2020/07/31073423/Obesity-Language-Matters- FINAL.pdf>

<https://www.karger.com/Article/Fulltext/445193>

RCGP: GP ten top tips: Raising the topic of weight, 2015. <https://www.rcgp.org.uk/-/media/Files/CIRC/Clinical-News/Top-Ten-Tips-Leaflet-2013.ashx?la=en>

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