

Written evidence submitted by Oviva (FGP0384)

About Oviva

Oviva partners with the NHS and local authorities across the country to help people living with obesity and diabetes. Through our app, we have provided tens of thousands of remote personal coaching sessions with a real dietitian, and helped the country lose many tons of weight through the pandemic.

Preventing conditions such as obesity is vital. Obesity reduces people's quality of life and life expectancy, impacts on their mental health, and leads to serious illnesses further down the line such as diabetes, cancer, and cardiovascular disease. By helping prevent it, we are lifting the strain off our health system and saving millions of pounds.

The prevention programme is vital, but GPs cannot deliver it by themselves.

What part should general practice play in the prevention agenda?

For the prevention agenda to work, we need to make the ask as light as possible for stretched GPs and primary care teams. We also need to make it as easy as possible for patients to access support programmes and easy for patients to stick with them.

GPs have a crucial role to play in prevention. Their job should be simple; advising and educating patients on issues and risks, and sign-posting them to services. For example, they should not have to fill out lengthy forms in order to make referrals. Similarly, patients should not need to wait for referrals. These processes end up creating barriers to access.

The role of a GP should be discreet and much easier. Enabling them to provide brief interventions rather than having to deliver prevention programmes, will help take the strain off the system and improve patient care.

It is also not realistic for GPs to employ large groups of dietitians and health coaches to deliver the prevention programmes in-house. Instead, we need to create effective partnerships between primary care teams and organisations with a proven ability to deliver prevention programmes.

To what extent has general practice been able to work in effective partnerships with other professions within primary care and beyond to free more GP time for patient care?

GPs should be signposting to services, not delivering them. Partnerships, based on evidence of successful delivery and shared values, will enable this to happen.

Through our successful partnership with General Practice, we are making it easier for patients to access care remotely. Face-to-face care is of course important for many patients, but we are behind digitally in the NHS compared to the rest of our lives, and we need to embrace technology further.

Patients need a choice between face-to-face, remote (telephone or video) and digital, or a combination of services. In many cases, digital services help patients follow, and stick with, their treatment. They remove many of the barriers to care, compared to face-to-face, such as having to find time off work, childcare, and travel to appointments.

To demonstrate our effective partnership with General Practice, as well as the benefits of digital, we evaluated 169 people living with severe obesity in one of our Tier 3 weight management programmes in Wakefield. The programme was commissioned jointly by the NHS and the local authority. Participants had a BMI of at least 40 - and were referred onto the programme by their GP.

We commissioned the evaluation in partnership with University of Huddersfield. We found that:

An overwhelming majority of people (64.5 per cent) opted to join the programme on the app, demonstrating its broad appeal. This compares to 28.4 per cent who chose face-to-face participation and 7.1 per cent who opted for support over the phone. This was even before the Covid-19 pandemic.

More than half of those participating on the app (53 per cent) achieved a weight loss of 5 per cent. This compares to 47.9 per cent of face-to-face participants and 33 per cent of phone participants.

App users lost the most body mass – an average of 6.1kg or 4.5 per cent loss. Face-to-face patients lost a mean of 5.3kg or 4.1 per cent, while those who took part over the phone lost 4kg or 3.4 per cent.

Three quarters of app users (74 per cent) cut their BMI by 1 unit, compared to 64 per cent of face-to-face participants and 58 per cent for those who took part over the phone.

Through the app, patients tracked their physical activity and food intake by uploading pictures of meals and snacks; and measured their blood glucose levels if they had diabetes. A specialist weight management dietitian reviewed their progress, sending regular feedback and support via app messages each week.

This personalised programme helped educate and empower patients. Patients who understand their condition and feel confident about managing it, will be less likely to see their GP taking strain off pressured primary care services.

Partnerships like this are good for patients, good for the health service and good for General Practice. They will free up GP time, which will lead to better care, and they will help cut the backlogs in the NHS.

Feb 2022