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Family practice views of managing childhood obesity in primary care: a thematic analysis

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Background and Aim: UK health policy and guidelines identify primary care as an appropriate setting to manage childhood obesity with an emphasis on intervention in family practice. Some evidence shows intervention in family practice settings has a positive impact on weight and behaviour change, however some staff feel it is not an appropriate setting. To date, research examining family practice staff views of providing an intervention is limited to specific geographical areas in England, Australia and America. We aimed to explore the views of family practice staff of managing childhood obesity across England where access to services may vary.

Method: 34 family practices across England were invited to take part. Practices were purposively selected based on: practice population, urban/ rural setting, deprivation, and Quality and Outcomes Framework (QOF) score. A thematic analysis was conducted following a bottom up, inductive approach.

Results: 32 practices participated in the study with 57 staff being interviewed from 30 practices. The themes were organised into three interrelated areas: lack of contact with well children, sensitivity of the issue, and can family practice make a difference. Interviewees explained challenges of identifying overweight children because they did not attend the practice unless they were unwell. They felt ill equipped to solve the issue due to their lack of influence over the environmental, economic and lifestyle factors underpinning obesity. Interviewees described a lack of evidence to support general practice intervention and seemed unaware of other available intervention services. Raising this with families was also described as extremely sensitive.

Conclusions: Family practice staff were unconvinced they could have a role in childhood obesity management. Participants believed schools have greater contact with children and should be key coordinator of identification and management of overweight children. Our findings suggest policies recommending a significant role for family doctors may be unsuccessful.