

Evaluation of the CHANGES weight management programme: *Prospective Patients*

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Executive summary

This study involved blogs and interviews which described the views of patients who were currently on the CHANGES weight management programme.

Ten participants took part: seven female patients and three male patients. Participants were asked to blog their weekly progress on a specially created website and follow up interviews were carried out every month.

Four main themes emerged from analysis of the blogs:

- Service characteristics
- Making changes
- Weight loss
- Personal life vs CHANGES

Four main themes emerged from analysis of the interviews:

- Relationship with food
- Experience of CHANGES
- Outcomes of CHANGES
- Linked services

Patients enjoyed their time on CHANGES and it was apparent that patients had lost weight and improved in psychological wellbeing and physical health throughout the evaluation

Patients, on the whole found the information received very useful. There were some concerns regarding specific information (for associated health problems) not being discussed in group sessions. CHANGES may need to reconsider which patients are seen on a one-to-one basis.

Patients enjoyed the linked services, Community Cooks and Activity for Life. CHANGES group sessions act as an ideal environment for patients to share information they have learnt in these linked sessions and this should be actively encouraged.

There were concerns from some patients regarding how flexible CHANGES were when patients needed to miss sessions. Additionally some administrative issues meant that patient's messages were not always passed on to the appropriate people.

There was a positive attitude throughout CHANGES by most patients. This was especially apparent in the language they used in interviews and blogs.

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1. Introduction

Obesity is defined as abnormal or excessive fat accumulation that may impair health, and studies suggest that without intervention reversal of obesity is uncommon (Colquitt et al, 2009). Whilst adult obesity in Knowsley is slightly lower than the national average, levels have increased from 14.1% in 2001 to 20% in 2006. Furthermore, 18.2% of Knowsley's Year 6 pupils are obese which is higher than the national average (Knowsley Public Health Intelligence Team, 2008). The evidence that obese adolescents remain obese into adulthood (Gordon-Larsen et al, 2004), together with the predictions of rising obesity rates in England suggest that Knowsley's adult obesity rates are set to increase.

According to Picot et al (2009), for a standard Primary Care Trust (PCT) population of 250,000, there would be 5,250 cases of morbid obesity (Body Mass Index (BMI) ≥ 40). For the 5 Boroughs Partnership, which is responsible for approximately 151,000 residents, based on the overall 2006 population value for England of 2.1% morbid obesity, this figure translates to 3,171 cases.

The Department of Health recommend that obese patients should be advised on and attempt interventions on healthy eating, physical activity and behaviour change. Drug therapy, such as orlistat should only be considered as an addition to lifestyle intervention not as an alternative. Furthermore bariatric surgery should only be considered once all other interventions have been exhausted and patients must show commitment to being able to make lifestyle changes.

NICE (2006) recommends structured weight loss programs delivered by health care professionals which aim to reduce calories, usually at around 600 kcal/day deficit. Whilst popular commercial weight loss programs, e.g. Weight Watchers have been found to reduce users' weight at a moderate level, success rates are often significantly impacted by adherence and commitment to the diet (Dansinger et al 2005). Structured weight management strategies which work with patients not only by providing dietary advice but also helping in understanding the reasons behind overeating and emotional eating can have much more long term positive benefits to the patients (McDonald 2009). Furthermore by addressing patients' common misconceptions about meals, these strategies can further assist in producing a lifestyle change rather than a quick fix diet which is not achievable in the long term (Cook 2009). Patients are all different and a one size fits all approach should not be used, often underlying issues need patience and understanding from health care professionals and patients often have different needs in terms of how much support they require (McDonald 2009).

NICE (2006) recommends that everyone should take part in some form of physical activity, for those who are obese this is particularly significant. An increase in body weight cannot be solely attributed to diet; exercise is also a key component in reducing obesity. Furthermore physical activity is associated with improved motivation and therefore a more compliant diet, an improved metabolism and improved body shape, (Stear 2004). Only 35% of men and 24% of women report achieving the recommended physical activity levels, (30 minutes of

moderate activity 5 times a week). Evidence has shown that physical activity coupled with healthy eating has a bigger effect on weight loss than interventions that focus only on healthy eating (Goodpaster 2010) supporting the need for a multicomponent approach to weight loss interventions.

For patients whom healthy eating, physical activity and drug therapy are not sufficient, bariatric surgery is recommended (NICE 2006). There are many different surgical procedures including the gastric band, gastric bypass and duodenal switch. Surgery can cause complications including respiratory disorders and psychological disorders (Colquitt et al 2009). However surgery results in greater weight loss than conventional weight loss methods (e.g. healthy eating and exercise) in moderate (body mass index greater than 30) and severe obesity. Furthermore reductions in co morbidities, such as diabetes and hypertension, have also been demonstrated post surgery. Two years post surgery, patients' quality of life was also found to have significantly improved (Colquitt et al 2009).

Referrals to the 5 Boroughs Partnership, CHANGES weight management service are made by health professionals such as the patient's GP, practice nurse or hospital consultant. CHANGES is considered a level three specialist weight management service. To enter the service patients must be over the age of 16 years and have a BMI greater than 30 kg/m² or 27 kg/m² with co-morbidities. Patients either receive one to one sessions with a dietician / dietetic assistant or they join group sessions. Patients can stay on the service for up to two years (depending on their complexity) and can also access cognitive behavioural therapy (CBT) sessions if deemed necessary. Linked in with CHANGES are several community run services including Measure Up, Activity for Life and Community Cooks which patient's can also access.

5 Boroughs Partnership commissioned an independent study of CHANGES by Liverpool John Moores University, to evaluate the effectiveness of the project.

1.1 Aims

The main aim of this report, which forms one part of the overall evaluation of the CHANGES weight management programme, is to explore the patient experience of CHANGES. A secondary aim of this evaluation is to consider whether those patients who took part in the study interviews (both those who did and did not have surgery) have benefited (based on self reported outcomes from interview and blog data) and what the impact of CHANGES has been on both the individual and their family.

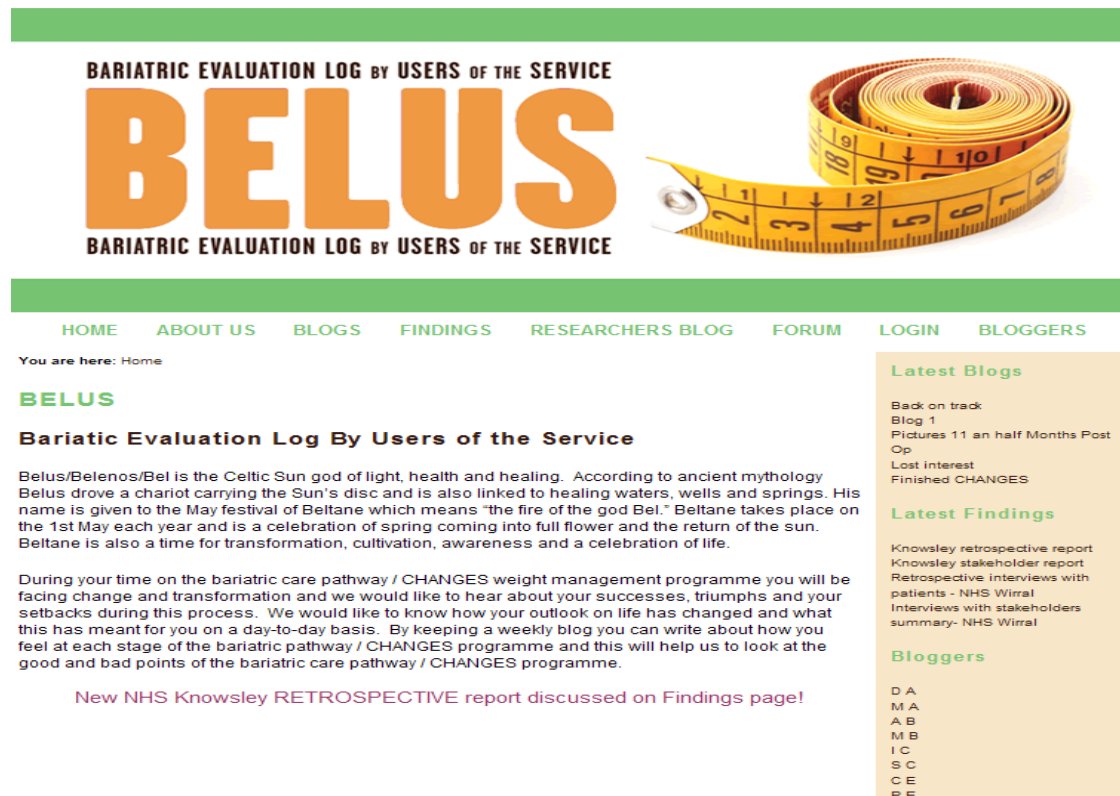
2. Method

A qualitative approach to data collection and analysis was taken, the aim of which was to describe the views of patients who are currently on the CHANGES weight management programme.

2.1. Data collection

Ten participants took part. There were seven female patients and three male patients. Participants were asked to blog their weekly progress on a specially created website. (Figure 2). The website, BELUS¹, an acronym for **B**ariatric **E**valuation **L**og by **U**sers of the **S**ervice was created by staff at Liverpool John Moores University. After agreeing to take part in the research, participants were emailed a username and password for the website and instructions on how to blog (see appendix 1). Participants were reminded to blog through email, text and telephone calls. A forum was set up and participants were encouraged to post questions and use this function to socialise with each other (Figure 3). In addition, interviews were carried out every month to tease out and obtain further details on information provided in the blogs. The number of interviews varied between participants². Interviews were also carried out with participants who did not have access to a computer and mostly occurred in participants homes. Interviews were semi structured in nature and focused on participant's perceived strengths and weaknesses of the CHANGES weight management programme (see Table 1 for interview schedule).

Figure 2. BELUS home page



¹ Belus is a Celtic Sun god whose May festival is a time for transformations, cultivation and a celebration of life.

² Those participants who were prolific in their blogging needed less follow up interviews.

Figure 3. BELUS forum

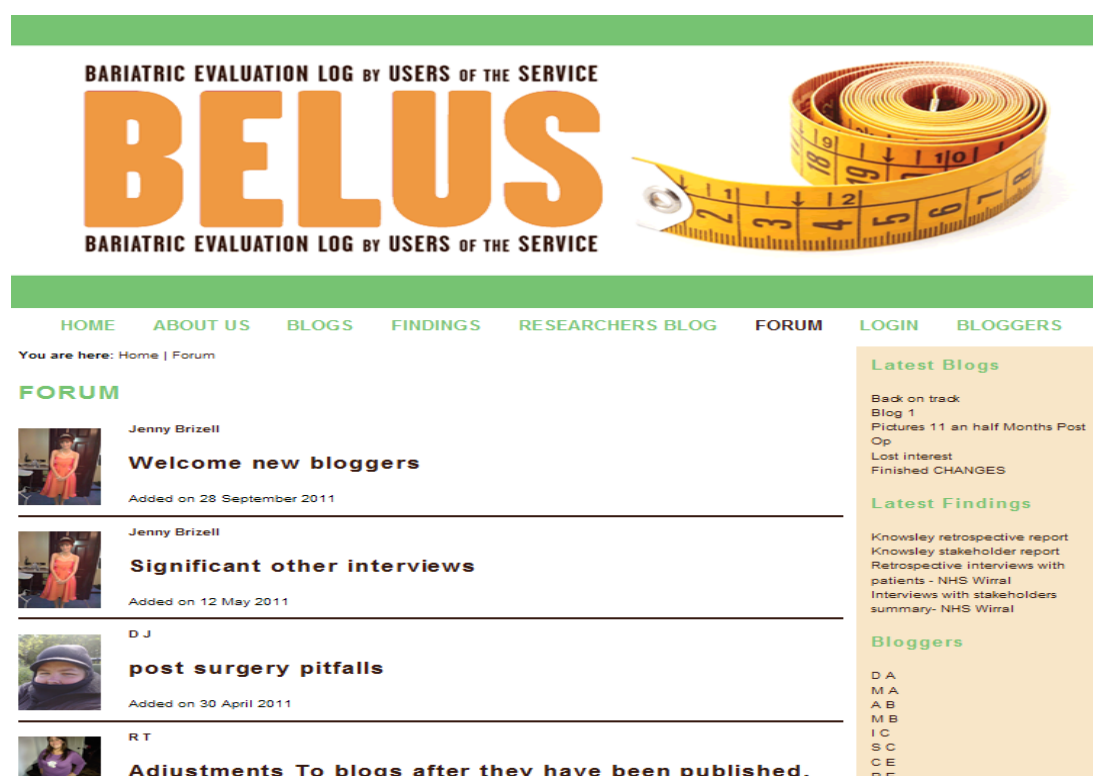


Table 1. Interview Schedule

1.	Can you tell me about how long you have been on the CHANGES weight management programme (CWM)? (1 st interview only)
2.	What has sped up or slowed down your progress at each stage of the CWM so far? (1 st interview only)
3.	Please can you tell me about your experience of the CWM over the last 2 months?
4.	Please can you tell me about the weight you have lost over the last 2 months?
5.	What has been the most effective step on the CWM so far and why? (1 st interview only)
6.	What has been the least effective step on the CWM so far and why? (1 st interview only)
7.	In what ways has the CWM affected your health and health care over the last 2 months?
8.	Can you tell me about how you have been involved in decisions about the treatment options you have received on the CWM over the last 2 months?
9.	Can you tell me about any alternative measures you have taken to lose weight in the last 2 months?
10.	Can you tell me what do you think has been good about the CWM over the last 2 months?
11.	Can you tell me what do you think has been NOT so good about the CWM over the last 2 months?
12.	Over the last 2 months has there been anything that could have been done to make the CWM better for patients?

2.2. Data analysis

Data were analysed using a framework analysis approach to identify emergent patterns and themes (Ritchie and Spencer 1994). This five stage process involved familiarisation with the data; the generation of a thematic framework; indexing of all transcripts; charting data and mapping data extracts to the framework; followed by a process of interpretation.

2.3. Ethical approval

The protocol was presented to Northwest 12 Lancaster Ethics Committee (NHS REC) who deemed the work a service review and advised that NHS REC approval was not required in this case. Subsequently, ethical approval for this research was granted by Liverpool John Moores University Research Ethics Committee.

2.3.1 Confidentiality

To preserve confidentiality, a code was allocated to each participant and was used on all recordings and ensuing documentation. The list of master codes is known only to the research team. The master codes and corresponding names are kept in a locked filing cabinet and on a password protected University PC, accessible only by the research team. Interview recordings were available and listened to only by the researchers and when not in use stored on a password protected PC and destroyed after transcription. All interview transcripts are securely stored in locked filing cabinets and in University password protected computers. According to Liverpool John Moores University guidelines, research data will be stored for ten years and personal data will be destroyed on completion of the study.

3. Results

3.1 Blog word frequency

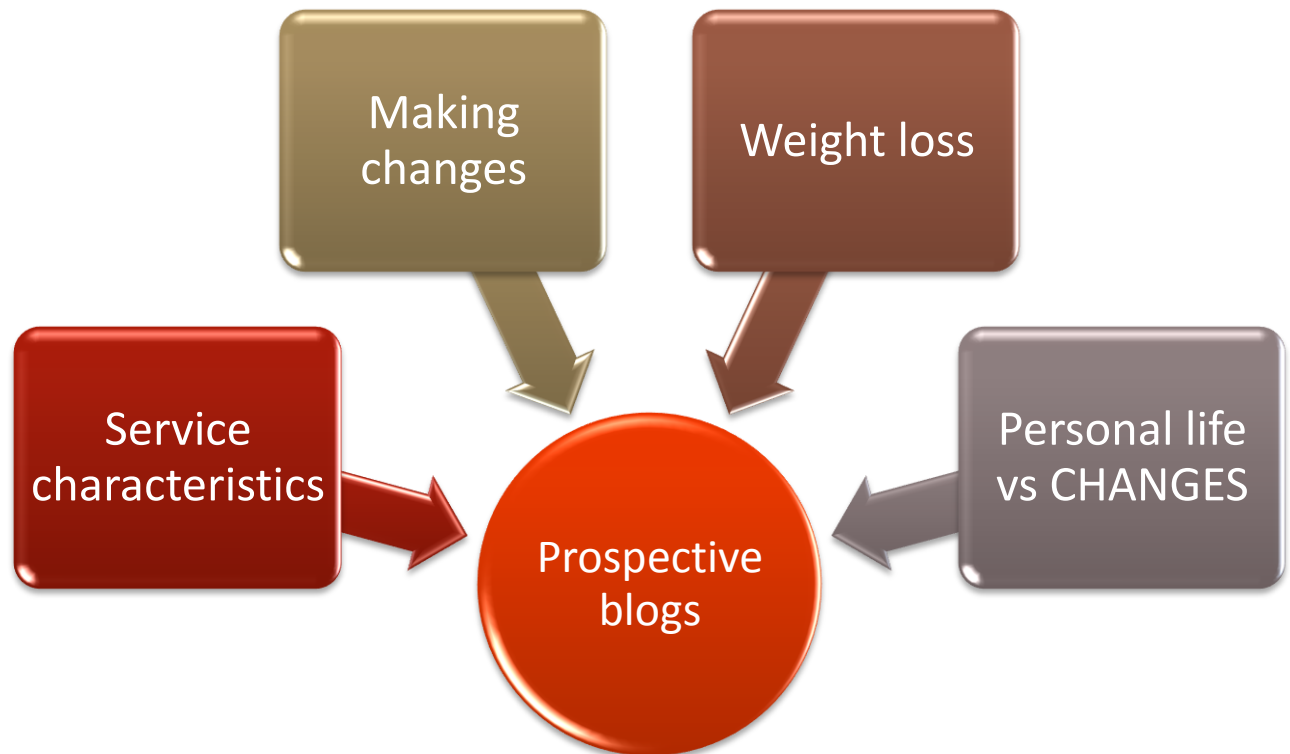
Prior to carrying out framework analysis, participant blogs were entered into NVivo version 9 and a word frequency query (Figure 4) was undertaken (70 most frequent words, 5+ letters, filler words removed e.g. 'because'). The purpose of this was to see which words appeared most often in participant blogs, establish areas of importance for participants and to guide the framework analysis. The most common words included 'weight', 'eating' and 'pounds' which is unsurprising given the subject of the evaluation. Frequent words of interest, included 'positive', 'better', 'lovely', 'delighted' and 'hoping' which demonstrated a positive attitude towards the CHANGES programme and possibly a high level of satisfaction with the service. In addition, other words included 'feeling', 'mindful', 'think' and 'myself' showed that patients were thinking about themselves and their behaviour and had potentially increased in self awareness. It is of note that many of the words with more negative connotations that may be associated with weight management are in the main absent from the blogs, for example 'fat' etc. This illustrates the positive approach patients have to the process. In addition, terminology used by practitioners and academics was also absent, for instance, 'obesity', 'bariatric' and 'morbidity'. This has implications for communication with patients and the preventions, alienation or barriers to engagement.

Figure 4. Blog tag cloud

about activity after alright anyway appointment arthritis attend awful being
better breath cakes changes chest chocolate choices
clothes comes completely couple course delighted diabetes dietician difference difficult
easter eating emotional every exercise feeling first
general going group habit health healthier heart hoping hospital hungry
interest kicked learn lighter looking lovely meals mindful myself other
positive pounds pretty programme sessions smaller still
stone think times walking weeks weigh weight
which while

3.2 Blog analysis

Framework analysis of the data elicited four main themes each with a number of subthemes.



3.2.1 Theme 1: Service characteristics

This theme centred on different aspects of the CHANGES weight management programme and how well the service worked for each individual. On the whole, patients were positive about the programme and found it useful.

I've been 3 times to the CHANGES group sessions and I'm finding it alright.

I left the programme a little while ago; it was alright I lost about 10lbs I think. Nothing I'd improve.

Category: Flexibility

On occasion, patients mentioned that the service was not flexible enough and did not fit in with other commitments they had. The individual below describes how they were removed from the course³ because they missed a cognitive behavioural therapy (CBT) appointment due to being in hospital.

I missed an appointment because I was in hospital and they kicked me off the course. I finally got an appointment for the CBT and the first week I got there it had been cancelled and no one

³ CHANGES would encourage these patients to re-enter the service at a later date

had told me... the following week I was sick and they kicked me straight off the course. To tell you the truth I have lost interest in it now.

Category: Specific Information

There were occasions when participants did not feel that the information they had received was specific or specialised enough. Some patients had dieted many times before and felt that they already knew much of the information received. In some instances, participants discussed starting transient media popular diets post CHANGES. Patients need to be made aware that CHANGES promotes lifestyle change and does not recommend faddy dieting.⁴

I think this diet is a very good one because you can still eat all the things you want, e.g. pizza, burger, chocolate and you are eating a bit of everything both good and bad, but obviously in reasonable sizes but for me personally I think I need a specialised diet because of my medication and also I think it is good for people who are not good at dieting or have never been on a diet before.

I am re-invigorated after Easter and started the Dukan⁵ Diet yesterday. If it's good enough for the Princess of Cambridge I thought I'd give it a whirl. It's only my second day but feel it will give me a break from eating carbs which I know are my downfall.

Category: Group v one to one

One issue that was mentioned through the blogs was participant's preference for group or one to one sessions with the psychologist. This was not discussed in great deal, however one participant felt that the group sessions would not be suitable as they had specific issues which they felt could only be tackled on a one to one basis.⁶

Disappointed that the CBT practitioner is referring me for group sessions as I'm an emotional eater and wish I was getting one to one sessions to help deal with it.

3.2.2 Theme 2: Making changes

The second theme discusses the changes that patients hope to make and are making by being on the CHANGES programme. This includes psychological change and improvements to their health.

Category: Health Improvements

Patients felt that by losing weight this would help with such ailments as heart disease, diabetes and arthritis. During the evaluation, as patients began to lose weight, many patients began to experience improved health such as enhanced mobility.

Feel fitter...More energetic.

Health has been good much better than previous weeks feeling positive.

I've got diabetes and heart disease and arthritis, hoping CHANGES will have a positive effect on these.

⁴ CHANGES are looking to bring back a session tackling preconceived ideas of diets

⁵ Dukan Diet – Developed by nutritionist Pierre Dukan, the Dukan diet is a high protein, low carbohydrate diet.

⁶ CBT is now offered to all patients on a one-to-one basis

Category: Psychological change

Throughout the course of the evaluation patients became more self aware and were able to recognise different psychological changes they were undergoing. Patients felt that they had a more positive outlook on life and had developed a new attitude towards eating. Moreover patients had begun to realise that they did not have to turn to food in times of emotional crisis. There were some instances when patients felt that they had 'fallen off the wagon', but they were confident that they could remedy this and had not permanently lapsed back into old habits.

Happier in myself...better outlook on life... A new outlook on life.

New attitude towards eating.

I realise I don't need to eat like I used to and I can live without eating chocolate and cakes every day, sometimes it was habit.

It has raised my awareness that I want to eat when I want to feel better, so just have to overcome that and think of other things not involving calories to fill that urge!!

I've been having CBT too for weight management which has been helpful though I undid the good work by having a load of chocolate and goodies at Easter. I now realise that my overeating is linked to when my Dad died and have been trying out new strategies such as mindful eating to listen to my body and identify when I'm really hungry and when I'm emotionally hungry.

3.2.3 Theme 3: Weight loss

The third theme centred around how much weight patients had lost and how satisfied they were by this. When patients discussed their weight loss it was usually very positive. However, there were some instances when participants were not satisfied with the weight they had lost or had even gained weight. Patients should be made aware of the expectations regarding weight loss prior to CHANGES⁷. Patients who do not lose sufficient (in their opinion) amounts of weight may become demotivated by the programme.

Started CHANGES on the 26th September about 3 weeks ago and I've lost 3 1/2 pounds already (start weight was 13 stone 10).

Clothes are starting to feel slightly baggier.

Feeling the benefits of losing 17 pounds.

I'm 4 weeks into the programme and have lost 8 and a half pounds so far which I'm really pleased with.

Not sure how but I have put 1/2 stone on for last 2 weeks. I am eating smaller meals, more fruit and veg and less cakes etc but seem to be putting weight on.

⁷ CHANGES do now discuss weight loss expectations at the beginning of the process; 5% and 10% weight loss targets are given and appointments set up if these targets are not met.

3.2.4 Theme 4: Personal life vs. CHANGES

The final theme generated from the blogs was concerned with how issues in an individual's life may impact on their level of success during CHANGES. This included health factors, family and their social life.

Category: Exercise

Often patients in the early stages of the pathway reported that due to their weight or health conditions, they physically could not carry out any exercise. When appropriate, patients should be made aware of low impact exercises that they could perform.

I never went to Measure Up, I was supposed to start at it like CHANGES a fortnight ago but I've had a bad chest infection and I haven't been able to go but they said I can still go when I'm better, I've been bad with my chest but then will get back onto it.

I have a strange type of arthritis so it's difficult for me to exercise and walk sometime so diet is the only way to try and lose weight.

I haven't been very good with my eating and exercise this week as I had the flu jab week last Thursday and I've come out with an awful cold and feeling rough. So although I'm eating my healthy stuff I'm also sneaking in chocolate and biscuits (real comfort food) thinking it will make me feel better! It doesn't of course.

Category: Other commitments

Whilst writing their blogs, patients occasionally discussed their personal life and talked about things of importance that were present at that time. It became apparent that patient's home and working lives could easily have a direct influence on their levels of motivation. Many patients on CHANGES are in their 40's and 50's and are likely to have children. In addition, this can often be an age when parents may start to suffer from ill health. Whilst it should be accepted that unexpected events in life could hinder a patient's motivation, it would be useful for CHANGES to prepare patients for this and discuss how to keep motivation going, even through difficult periods of their life.

Work is manic and got lots to do at home with looking after my [elderly] mum who is...not in good health, my 2 girls...and my husband.

Category: Social life

Patients occasionally discussed how difficult it was to keep motivated particularly in social situations.

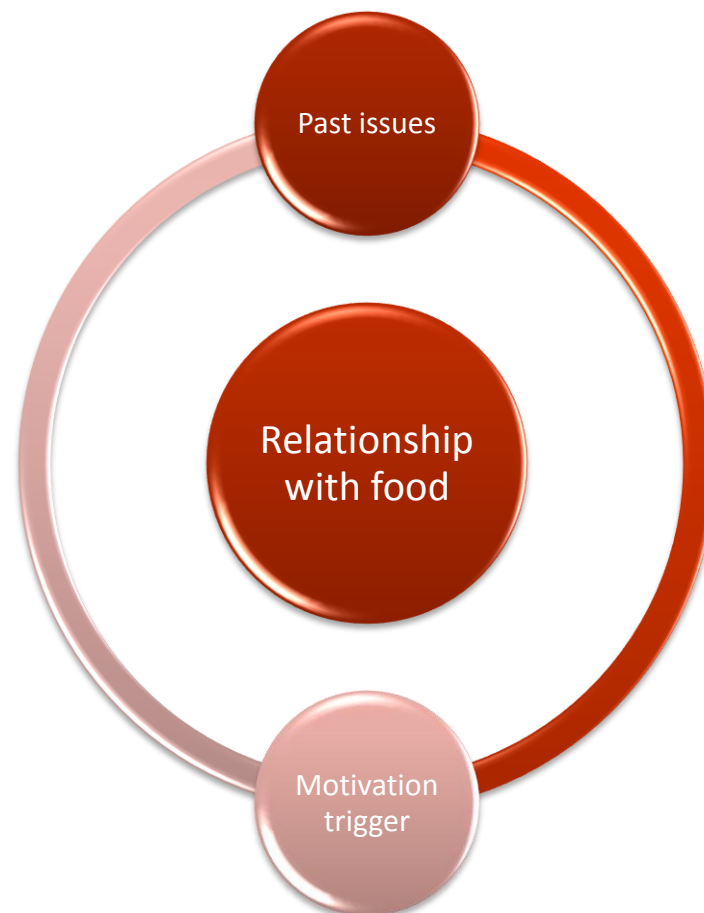
Went out to eat a few times last week and made some good choices and some awful ones. When I was out with friends (I used to work in Liverpool City) I had melon for starters (Tick- V.G) chicken and bacon salad (tick -V.G.) chips (X not good) wine (X not good). So need to sort out my head as I can resist anything other than temptation!

3.3 Interview analysis

Framework analysis of the data elicited four main themes each with a number of subthemes.

1. Relationship with food
2. Experience of CHANGES
3. Outcomes of CHANGES
4. Linked services

3.3.1 Theme 1: Relationship with food



Subtheme: Past issues

There was a high level of awareness as to how individuals had become obese and these reasons differed greatly between participants, e.g. bereavement, medication. Furthermore, many participants had previously attempted to lose weight either through commercial weight loss services or on their own initiative. Sometimes patients felt that they were overloaded with information around what they should and shouldn't eat and did not know anymore what was right and wrong and hoped CHANGES could help to remedy this.

I knew that was happening 'cause the putting on weight stemmed from the death of my Dad and the I just started comfort eating 'cause I've got this emotional relationship with food and

that's kind of, I just ate chocolate instead. Could have been alcohol or wine or chocolate but I chose chocolate.

I have done diets before, I've done 2 diets before 'cause I've been on the steroids since I was 18, that was 20 years ago oh god. So I've done 2 diets before, one the NHS referred me again and that worked but like I say that was years ago so I did eat all the wrong stuff then so that helped me by changing and then with the steroids I put 4 stone on 'cause I was on a high dose. I went on Slimming World so I lost 4 stone with Slimming World and again that was cutting carbohydrates out, that helped me but it just seems to have come to a stop and personally I think it's because my steroids and I'm on a low dose now so it's steadied out.

I've done that many different things you don't know what's right. Don't eat this, don't eat that, stupid diets, it's just ridiculous.

Subtheme: Motivation trigger

Different motivators had driven patients to decide to lose weight, this included health reasons and self image. In particular, one participant discussed how they were juggling a busy work life and home life, which they recognised most people had, yet they felt they did not have the energy to cope, mainly due to their weight.

I went to get some results on the endoscopy I had and she was on about changing the tablets I was on, I was like oh no just leave me, I'd rather get help with losing weight.

It started when I went to the doctors, my blood pressure was a little bit up and they asked me to get on the scales, I got a shock and when they did my BMI I was actually in the obese range, which was a real wake up moment for me 'cause I was always oh I've got a few pounds to lose and I think because the 95% of my life I've always been slim suddenly realising that you're not slim anymore was a bit of a wakeup call.

I've got emphysema and because of the steroids and the fact I can't exercise I put a lot of weight on. Then I managed to stabilise it but it would just not come off, I was like 19 stone...So that was it, I just wanted to try to improve my lifestyle a bit you know.

I mean the reason I went to the doctors originally was that I was feeling tired all the time, I had no energy, I've got a really busy job, I work long hours, I've got a young family as well, I look after my Mum you the things that lots of people have got I just felt as though I literally didn't have any energy.

I am genuinely trying to lose weight because of diabetes 'cause that scared me diabetes, just the word itself.

Subtheme: Making changes

Patients recognised the need to lose weight and often felt that without the support of a weight loss programme such as CHANGES, their weight and associated health problems would only escalate and worsen.

I know if I wouldn't have started this programme by Christmas I would have been another half a stone heavier, by next summer I would have been a stone heavier and that's when you start getting the health issues kicking in so it almost catching it now when I'm just, I've just slid into the obese, I'm bringing it back down.

3.3.2 Theme 2: Experience of CHANGES



Subtheme: Information received

Patients, on the whole reported being pleased with the information they had received during the CHANGES and demonstrated increased knowledge in nutrition. In addition, patients truly valued the CHANGES programme and felt that they were lucky in being able to access it. Patients did however admit that sometimes they found it difficult to follow advice particularly when it seemed counterintuitive to them, e.g. eating more carbohydrates.⁸ Patients should have all aspects of the CHANGES programme explained to them, rather than being told to follow a set programme, they should understand the reasons behind the ways of eating⁹. Finally patients felt comfortable with the CHANGES team, feeling that they could ask them questions if need be and didn't feel embarrassed asking them for further clarification of the information provided. Misconception

I feel lucky to have got on the programme 'cause I've spoken to friends who live in other authorities and they said they don't do anything like that where I live, so I do feel very lucky to be part of the whole CHANGES programme.

I thought when I first looked at it I thought it was good 'cause you could really still eat what you wanted, still eat all your burgers and things so I did think it was good but I was putting weight on,

⁸ CHANGES to include a session tackling preconceived ideas about diet.

⁹ This may be a misconception from patients as CHANGES do aim to tailor diets to individual patients

so I put weight on for about three weeks and obviously I've come to lose weight so that's when I said I didn't think it's working for me so she sent me to a specialist dietician which was really the first person I spoke to but I don't know what way to word it but, I don't know whether I'd say not understanding but she done my weight wrong for a start.

Well it makes you think about what you are eating so maybe I should eat more fruit and veg and my portions sometimes I did think about that before I started so maybe the portion sizes as well, so it did make me think about a few things and there was a few positive things about it. It was good in some ways.

So I've definitely learnt a lot even the plating and things like that I've learnt about that. Everyone says miss things like carbohydrates you know and don't eat bread, don't eat pasta that will put weight on you but they tell you the opposite, eat more and it was hard at first to actually understand.

I've had quite a few good tips. I mean the general eating habits, I know where I'm going wrong and I don't need to be educated on them as such but I do get a few good tips from it.

I'd say the one thing that I'm not keen on is the is the fact that it is calorie counting, I find that really annoying 'cause I mean you know that even alters the way you shop and because of the way, I'm one of them I'd like to go in a shop and just pick them off the shelves, put them in a trolley and get out where you can't you've got to stand there and look at all the labels.

I was so shocked to find out there's 45 tea spoons of sugar in a bag of Haribo, I was so shocked and its things like that it brings home things I thought I knew but I didn't know as well as I thought so that in terms of the food labelling was really useful now I am more careful what I buy.

She was very good at answering any questions I had etc including about the CBT and things.

There were a few bits of advice that helped so it has helped in that respect so I take up a few days of my diet; I've got a diet log book diary I take that with me to see what they say. It's getting a bit boring 'because I always eat the same thing. Usually the same thing, maybe a different flavour now and again. That's just what I eat so that's the only reason really. Other than that I'm doing ok I think.

You knew everything what they were saying, you could understand them, if you didn't understand them you could just ask them questions and then they'd answer you in a simpler way but the same, yeah so it was brilliant.

Category: Specific Information

There were some comments regarding the information received during CHANGES not being specific enough to patients needs. Further, some patients felt that they weren't being taught anything new. There were some instances when patients felt that the information contradicted previous 'diets' they had been on. It may be of value to allow patients to ask about different weight loss programmes during group sessions to dispel myths and highlight the importance of following the information provided during CHANGES¹⁰.

¹⁰ CHANGES to include sessions on this.

When I signed up I did think I was going to speak to someone where they specialised in diet and medication because I think I was put into the class along with everyone else but I wasn't the same as everyone else, 'cause everyone there they were like the first time they'd done a diet so they didn't realise you could grill your bacon rather than frying it, I'd been through all that.

They mention a lot of if you're diabetic this you know the sugar and if you're diabetic you look for this and you check that but I'm not diabetic but they do mention it a lot...there was someone before I left ...who was diabetic but other than that I don't think none of us really were but they did mention that a lot, other than that no they didn't mention anything about medication that I was on.

I tried myself to cut my carbs down, I lost 4 pounds but again she done the weight wrong, she looked at it. I mean everyone knows, well I'm assuming if you don't eat carbs you do lose weight there's the Dukan diet and all that but she was saying no that wouldn't be the case. But it is, the Dukan diet and the Atkins will make you lose weight and it would make sense as well because I was eating more carbs than I normally eat and I was putting weight on, to me it made sense, but she didn't agree with me and still wants me to try the diet she gave me but I did and I put weight on again so I stopped it.

Category: Encouragement

Although in the minority, some patients felt that they received little encouragement or motivation from the staff leading the CHANGES sessions, particularly during the weigh in¹¹. One suggestion to remedy this was having people who used to be on the CHANGES programme to come back and talk to their group and share success stories¹². Patients felt that this would act as a strong motivator for themselves.

I don't think they give you much motivation, they are very informative, they are good and its surprising the little things that you pick up, every week you do learn something and things do fall into place but I don't think they're very motivational. They don't encourage you much...especially if you worked hard, sometimes it did change, you didn't have the same person all the time, there was another woman there who was more enthusiastic. I don't know I think when they, it's like they really enjoy what they do and they know what they're talking about and its really clear, you think they're interested and then one of them it's like no its just a job, she didn't really seem that into it and she was the main one so I think that was a bit discouraging.

Share success stories in terms of people who've previously been in the programme get them maybe to come back and talk about it or whatever, it's a motivator - if they can do it I can do it.

Category: Impact on significant others

One participant during interviewed mentioned that they were passing on the advice from CHANGES to their partner and they were both following CHANGES together. The success of the significant other would obviously not be picked up in CHANGES performance

¹¹ Research staff have since attended group facilitation training and behaviour change training.

¹² Bringing back successful patients in now being put into place by CHANGES

statistics, but it is of note to acknowledge that CHANGES does have an impact on patient's significant others.

We've had a talk about it and I've said her [patient's partner] you can go to the doctors and all that and go on it through that which she said she will but it's getting there because she's a nursing assistant so its, their jobs up the wall as well. So it's just getting there. She was going to try and get on the gym thing with me as well...We encourage each other. She's doing quite well herself. I think I've lost a little bit more than N [partner] has but you know it's just one of them, I started before her anyway. But we're getting there.

Category: Psychological support

There were mixed views with regards to the psychological support received. Many patients felt that it helped them to change the way they thought about food and addressed underlying issues relating to why they overate. Some patients felt that the group format in which they received CBT was not suitable for them. In these instances, patients felt that the information they were given was too general and that they required one-to-one sessions to address their psychological issues in more depth¹³.

She was very helpful. She gave me sheets to read and after I read it you'd stop and you'd think about different things. She helped me an awful lot there.

I had high expectations for the CBT but I have to say it didn't really work for me and I didn't really connect with the other people in my group either which was a shame because I felt as though I got nothing out. It was very general in terms of behaviour change and I didn't find anything out about me that I didn't already know. So in terms of the behavioural therapy I thought that it [would] kind of give me some light bulb moments and it didn't, it just didn't work for me at all.

Subtheme: Group sessions

On the whole, patients enjoyed the CHANGES group sessions. They liked the group format and found the information given useful and interesting. There were some suggestions for improvement which mostly centred on the length of the sessions with patients wanting more sessions which ran for longer. One of the quotes below is from a patient who felt that the group sessions were not suited to them as they were too shy and felt uncomfortable in group situations. Potentially this should have been addressed prior to the patient starting the sessions; however, this was later picked up as this patient did move to one-to-one sessions.

It was friendly, it was nice and small, not too many. I didn't have any problems with it.

It could be a bit longer.

If I had the choice straight from the beginning I think I'd have done it one on one because I do find it daunting going to meetings especially when you feel like you're put on the spot and they ask you questions 'cause I get all panicky then. I'd rather somebody sat like we are now and if I don't know the answer I don't feel embarrassed, but other than that I think they've been great

¹³ CBT is now offered to all patients on a one-to-one basis

Category: Group dynamics

On the whole, patients enjoyed being part of a group, friendships grew within the group and other members acted as an additional support system. Patients commented that everyone there was non-judgemental and they felt comfortable talking to them and in front of them. Additionally, patients shared tips and advice with each. In particular those in the group who attended Community Cooks often brought recipes from the sessions to share with others who had been unable to attend. There were some negative comments regarding patients who had been disruptive within the group setting particular when it was felt that the group leaders did not do anything to tackle this behaviour¹⁴. In one instance a participant walked out of the group sessions because of another members comment and ended up in one-to-one sessions. This participant preferred the group sessions and whilst it is be commended that this problem was resolved, a more suitable solution may have been to remove the disruptive member from the group sessions.

They're alright, I've been going for quite a few weeks now so I feel a bit more open and talking. Feel shy at first and feel out of place but yeah it's alright. You do learn a lot from there.

We were talking about recipes and they referred me to Community Cooks and I said yeah I'll do that, I've been doing that for a few weeks, I finish on Monday so I copy the recipes and take them over for those who can't make it so they're made up.

I've found the groups fine and I fitted in as though we all kind of got on and I think what's really good is that everyone's non judgemental. There's nobody making any kind of judgements about anybody else's life which I think is really important cause if you felt as though people were judging you it would probably stop people sharing and opening up.

Yeah it was alright, the way they do it, you're joining at different times so some people have been there, it's like the same 10 weeks so you just join in and follow the 10 weeks and then it must obviously loop so different people finished and joined things like that. It'd be nice actually to start with the same people right the way through, that might be a bit better to actually follow the programme through and see how people get on.

There's a fella at the group who's just disruptive and he proper gets on my nerves so she's put me down for a one to one. Because I'm quite a shy person anyway but, and I do find it a bit daunting meetings like that, I'd rather have one on one but he's just, he's proper, he shouldn't be there, he really shouldn't be there, he's telling people that's got diabetes to eat cream cakes, he's just pathetic I'm sorry but he is and N [group leader] doesn't seem to have had control over it. I ended up walking out on Monday because of it, she did apologise which was appreciated but he should just get taken out the class I think, he's doing it with everybody it's not just with me that he's upsetting he's upsetting the class.

Category: Respect for patients

Patients felt that they were treated with respect by the CHANGES staff, particularly at the weigh in which was done away from the rest of the group and not shared with the class.

¹⁴ CHANGES now provide feedback boxes so patients can highlight these incidents confidentially

When we go in we get weighed, confidentially, she just writes it down on a piece of paper, she writes it down on your card and gives it to you, so it's not shared with the class or anything at all that's done confidentially.

Subtheme: Referrals

Participants commented that the referral process to access the CHANGES programme was very quick and smooth.

It wasn't too long from when I went to the hospital to actually getting my appointment I'd say it was only about a month, six weeks something like that I'm sure it was.

It was quite quick yeah.

I did have to wait a bit. It wasn't so much, how can I explain it? It took about 3 weeks for the initial to come through and then it just seem to like all the meetings just come up all at once.

Two weeks, it was really quick. I was really impressed.

Subtheme: Decision making

The majority of patients agreed that they had been involved in the decisions about the treatment they received. Participants felt that they understood what the programme would involve and were adequately prepared.

'cause N [dietician] phoned me and then you go and have a meeting and then she tells you all about it and the therapists asks you loads of questions and that, what you'll be doing yeah and they said do you want to go ahead. It was all laid out. I think it was over an hour talking about it. I knew what I was getting myself into.

I asked the hospital to refer me 'cause I put weight on through my steroids they referred me to CHANGES and that was when I started going on that.

I'd rather get help with losing weight. She just referred me on it. I'd never heard of it before.

I'd heard people had been getting referred but I didn't know what it was called or anything like that just that they were going for classes and I didn't know nothing besides that, it was just due to my doctor really that they told me all about CHANGES and you could go to the gym, this that and the other and I said just put me on.

when I went to see N [dietician] she offered me a variety of choices so she said there's this programme...this programme means that your actually monitored for 2 years but does mean that you take part in the CBT, this one was just a 10 week programme so I was given those kind of choices and then she talked them through with me.

Subtheme: Flexibility

Some patients felt that CHANGES were very accommodating and flexible. If, for example a patient needed to miss an appointment (as long as they informed CHANGES prior to the session) then they found that CHANGES were very understanding. There were some instances however, when patients had left messages saying they could not attend and this information had not been passed on to the person running the group sessions¹⁵. Patients

¹⁵ CHANGES to review their admin procedures

also found that the sessions were conveniently located to where and they lived and were at suitable times.

I just went straight there straight from work and it's near where I live, it suited me fine.

Yeah it's of a night, I only work mornings. It's ideal, my son's 13 now I just nip down for an hour and a half and come back. He even walks me down sometimes.

I missed the first one 'cause I was sick. I think I had a chest infection and I started the week after, I phoned up and told them and they said it doesn't matter you can join any time, they do the same 10 things don't they, the same 10 weeks. Then I missed one, 'cause I was sick again but they were alright. They phoned me and I said I left a message. 'Cause I'd been getting sick all the time, it's been hard.

I've had a positive experience I think the staff are being flexible and approachable, there's nothing that I wouldn't ask them.

If I phoned and I spoke to them she was ok, they were understanding. Like I've left a message once or twice and when I've gone in, like Oh you weren't here last week and I said I left a message, they went oh mustn't have got it. I left a message obviously their number, their answering machine and even like the week after she hadn't got it.

Subtheme: Drug therapy

Drug therapy was not discussed by many participants. However, by those who were considering it, there was a sense of apprehension and fear about how successful it would be and whether they would put weight back on once coming off the medication. Patients need to be made aware of the risks and advantages to drugs such as orlistat prior to it becoming a consideration.

I don't know what I think of them, bit scared. I'm a bit scared of trying them and I think with that type of stuff as well you might lose it but then if I go back to eating normal I'll put it on straight away. So I personally have tried to cut down on my carbohydrates... But I just get scared then sort of when I do stop, if I do start going back to it, just going to put the weight on, defeat the object.

3.3.3 Theme 3: Outcomes of CHANGES



Subtheme: Impact on health

At the beginning of the pathway, patients viewed their potential weight loss positively in particular with regards to the impact it would have on their health. Patients felt that by losing weight this would help with such ailments as asthma. During the evaluation, as patients began to lose weight, many patients began to experience improved health such as reductions in medication and enhanced mobility.

Considering I've got asthma anyway and I do suffer with my chest I'm not doing too bad, I found I'm not using my inhaler half as much so it's doing some good...the main one I use twice a day religiously but the other one I don't normally use the Salbutamol which before I started this I was using it 4 maybe 5 times a day so it has made a big difference, a big difference and I have got more energy.

What I find is if I don't do anything I seize up, it's really bad. It even affects my sleep. Turn one way it wakes me up, turn the other way it wakes me up. I still get that a bit but it's nowhere near as bad so that helps, no doubt whatsoever, I would recommend it.

I feel better now you know health wise as well, I'm not using my inhaler half as much as I have done compared to the way I was. I used to find it hard fastening my laces and I fasten my own laces, I'm a big girl now do you know what I mean. But it's silly things it really is you struggle with.

Subtheme: Weight loss

When patients discussed their weight loss it was either very positive or very negative, i.e. how little or how much weight they had lost. Patients should be made aware of the expectations regarding weight loss prior to starting the CHANGES¹⁶. Patients who do not lose sufficient (in their opinion) amounts of weight may become demotivated by the pathway

I'm going to be good and I've lost 8 1/2 pounds in 2 weeks already.

When I got weighed at the doctors I might have had the surgery before I come to CHANGES I was 17 stone 3 and I'm a lot less than that now I'm 14 stone something now, so I'm doing alright on it.

Sometimes I get frustrated 'cause the last 2 weeks I've only lost half a pound each week and I'm thinking what am I doing, I'm counting my 1,600 calories a day, I'm making sure I have all the portions, what can I do differently? But then like it wasn't N [group leader] last week, I can't remember the dieticians name but she said bring in a food diary and we'll see if there's anything that can be changed so that I think they're prepared to do that, if you get a bit stuck and you think you're doomed what you're doing right, I thought I want to lose more than half a pound a week.

I only lost a couple of pounds but it was good because that couple of pounds helped me to have a little bit more confidence in myself 'cause I could wear things that wouldn't, well they fitted me but were tight.

Subtheme: Post CHANGES

Patients were concerned about how they would keep levels of motivations high once they had left the CHANGES programme and not longer had a support network. One suggestion to assist in remedying this was the idea of patient support groups. Participants liked this idea, firstly to be with people who were in a similar position as themselves as secondly to assist in keeping motivation strong post CHANGES¹⁷. For those people who finished the CHANGES programme during the evaluation, there was evidence that they were still using the information given during sessions.

There may be opportunities to provide a support network so that you're able to keep people in contact with one another but then of course it depends, other people might not want that so it's always within that kind of, 'cause after the 10 weeks I think the likes of this lady who's left, probably never see her again and I just think what will happen to her and wouldn't it have been nice for her to have a network, a support group so there could be something of that nature.

I think it makes a difference having that support there because in order to like go through a 10 week course in my eyes and then just stop, you're just going to stop - you need that encouragement and apparently from what I've been told at the last one to one that I went to N's [dietician] now starting a new little class where you can go and it's just, its only like a half an

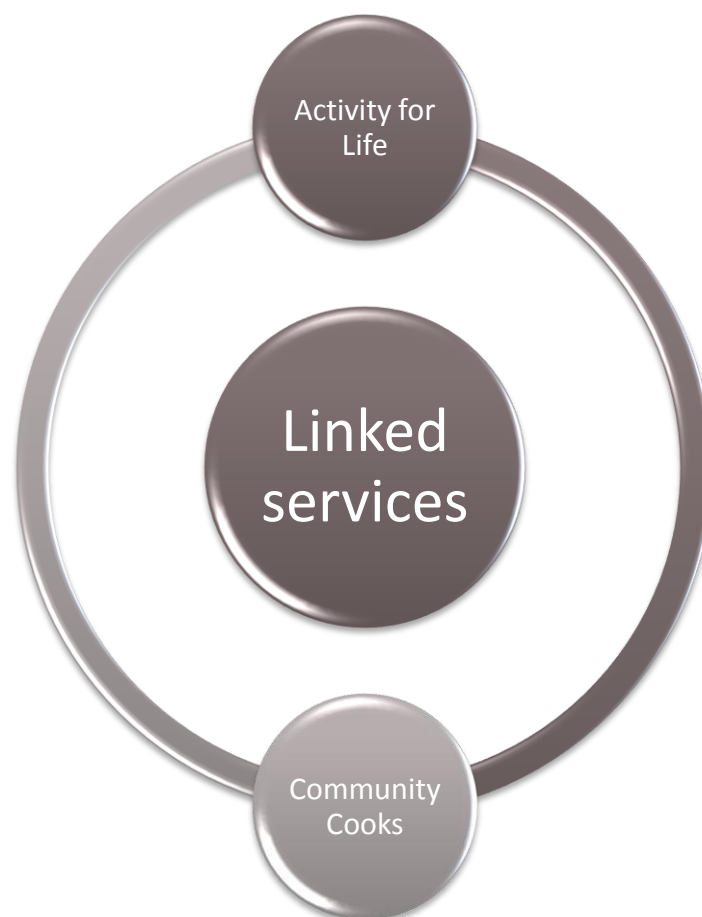
¹⁶ CHANGES do now discuss weight loss expectations at the beginning of the process; 5% and 10% weight loss targets are given and appointments set up if these targets are not met.

¹⁷ CHANGES do offer patients the opportunity to still attend the group sessions to be weighed.

hour thing where you can tell her if you're struggling or you know stuff like that and she'll try and advise you more, which is a good thing.

All the food techniques I'm still using that, I already had a card you know when you go shopping and you see the fat contents, the salt contents and all that. I used that for I don't know how long.

3.3.4 Theme 4: Linked services



Subtheme: Activity for Life

Patients who attended Activity for Life reported positive experiences and enjoyed getting back into exercise. It was evident that some people had not done any exercise for a long time and Activity for Life were helping them to start living a more active lifestyle. Some patients who initially decided against joining Activity for Life were reconsidering as they could see the benefit of organised activities to help with their levels of motivation. Further, there was an understanding from patients that exercise was, as well as diet, considered a must for a healthy lifestyle and that the two programmes (CHANGES and Activity for Life) complemented each other well.

You have personal trainers there that help you, my brothers a personal trainer and going the gym was great, I started going swimming.

I used to go swimming about 3 times a week I haven't done it for about a year

I mean I would like to do aqua aerobics, that's gentle but the new leisure centre by me they don't do it in the times I want but when I seen the specialist dietician last week she said if I go

to the doctor and ask him to refer me they could work something out for me at the weekend but she said I had to do 3 nights and I think that would be too much for me personally 3 nights. If I do do anything I'd like to do it when I've got the energy to do it really.

I think I'll go back and ask can I be signed up for it...although I'm a member of a gym to go to something organised I think that will motivate me more. Also if you saw some of the other people there that you've been in the class with it's that kind of that camaraderie going on.

I think they can get too bogged down with diet and actually you need the two. I think exercise generally makes you feel better.

Category: Referrals

Whilst in the minority, there were issues regarding how long it took to be referred into Activity for Life with patients not hearing back from them and administrative errors delaying the referral process.

I'm still trying to get this Activity for Life, that is just a total wash out the minute because I keep getting told they're going to you know now email them and now, you know you've got to phone them, and this has got to happen and that's got to and since I've started there which seems like ages ago now I still haven't heard nothing and I'm not getting anywhere.

I was supposed to be referred for the Activities but apparently the wrong form was filled in and I've got to go back to my doctor and see my doctor which I haven't had time to do yet, but I will do.

Category: Post Activity for Life

Activity for Life is a twelve week activity programme which patients can access free of charge. After the twelve weeks, if patients wish to continue accessing the gym or exercise classes, they have to pay which some could not afford to do. It may be of benefit during the programme to advise patients of exercises they can do at home which do not require expensive equipment or the need for a gym membership.

I used to go to the Activity for Life and that stopped and I couldn't really afford the gym membership after it finished.

Subtheme: Community Cooks

Category: Information received

Unlike the Retrospective report (see Brizell, Stuart, McVeigh and Irvine, 2012), patients in this cohort had, in the most heard of the Community Cooks programme and many were accessing the service. They found the sessions useful and were making use of the recipes they had been given. There were some comments around not individually making a recipe from start to finish but rather working as a group. Participants felt that the Community Cooks service could be improved by including taster sessions of recipes. This could help in recruiting patients to the service.

It's just you go in and it's simple recipes, healthy, it's all got to be healthy hasn't it? It's just simple, there's not many ingredients, it doesn't take long to prepare. I've even just made one now, made a little soup myself for the second time, my boyfriend loves it.

As you're preparing it they start taking things off you and putting things on so you don't know exactly what's going on, so I didn't like that. You don't know what they're doing 'cause you're preparing the onions and crying things like that so you don't get to see every step which, that's the only thing I've found a disappointment.

They were good, yeah it was only 4 weeks, they finished, it was good yeah and they email me more recipes and things like that and they give you a recipe book as well and they're nice and simple.

Maybe taster evenings or taster sessions 'cause I think the people are very much in a rut in terms of what they eat so if they did maybe instead of giving recipes out do some taster sessions and then you have the whole food hygiene aspect to it and all that.

Category: Time

A few patients commented that they would like to attend the Community Cooks sessions but they were at times they could not attend, e.g. during working hours.

It's not even so much that it's a case of finding time because a lot of these meetings have been not on days that I'm off work so it hard in that way.

She did but to be honest it's fitting it in, I'm in work and one thing and another, as you know yourself my daughter just had a baby so on that I do get off I've got to do thing like you know with N [dietician] so it's hard fitting everything in.

Category: Information sharing

As previously mentioned (see section 3.3.2, theme 2), patients attending the CHANGES group sessions often shared recipes with those who did not or could not attend the Community Cooks session. It may be of use to CHANGES to incorporate this into their sessions and to encourage patients to bring recipes to share and discuss.

There's two people in my group who go to the Community Cooks and one of the ladies, she brings recipes for the rest of us as well, because of work commitments I couldn't get out to do the Community Cooks.

4. Discussion

Patients were able to clearly explain both how they had become obese and also why they had decided that this was the right time for them to address their weight issues and often these reasons varied from patient to patient. Additionally, although in the minority, there were some patients who did not feel the group sessions were suitable for them as the information they received was not specific enough to their associated health issues. When delivering information, the 5 Borough Partnership need to ensure that these different patient profiles are taken into account, particularly when seeing patients in a group setting and possibly offer them one-to-one sessions.

All of the patients interviewed initially attended group sessions rather than one-to-one sessions (although some were later moved to one-to-one sessions). The majority of patients enjoyed the group session, finding them informative and feeling that the additional support of other group members helped to keep them motivated. However, as in the Retrospective report, (see Brizell, Stuart, McVeigh and Irvine, 2012) there was an instance when a participant experienced a group member who was disruptive and brought negativity to the group. This ultimately led to the participant leaving the group sessions and joining one-to-one sessions which they did not feel were as suitable for them. On this occasion, it was felt that those running the group sessions could have done more to address this issue. Although group sessions will inevitably include mixed personalities and differences of opinions, those who are disruptive should not impact on those patients who are motivated to the CHANGES programme. Whilst this does seem to be the minority of cases, CHANGES should be prepared and equipped to deal appropriately with instances such as these when necessary.

On the whole, patients found the information they received to be useful and were still making use of their new knowledge post pathway. There were some instances when patients felt that the information they had received was not specific enough. This was usually because patients had associated health issues or were taking medication that could impact upon their weight. In these cases, it was felt that these patients may have been more suited to one-to-one sessions. Additionally, whilst the majority of patients found the CHANGES staff friendly and the service flexible, there were some patients who felt this was not the case. Patients who had missed appointments due to health problems had ultimately been removed from the course¹⁸. Furthermore, some patients suggested that even when they called up CHANGES to inform them that they would not be able to attend, sometimes these messages were not passed on to those running the sessions. Whilst, it is to be expected that CHANGES will have processes in place for patients who do not attend, in cases when there are extenuating circumstances, CHANGES should ensure that all patients in these instances are offered the option to be re-referred into the programme at a more suitable time. Furthermore, patients should be made aware that they are able to rejoin the programme at a later date. Additionally, ill health may mean that patients are not ready for CHANGES or may need additional support. Whilst CHANGES do signpost patients in

¹⁸ Comment from CHANGES - Patients who repeatedly do not attend will be discharged- this is made clear at beginning and throughout out the pathway. People are given a number of chances to re engage before they are discharged.

these situations to appropriate services and offer re-referrals, some patients were unsure as to whether they were able to rejoin the service. It may be that CHANGES need to review the process for patients who are not able to attend and ensure patients are aware they have options for re-referral into the course.

When discussing weight loss, patients were often very positive about how much weight they had lost so far. Patients generally felt that they were given achievable targets and having a goal to work towards and weekly sessions to attend kept them motivated. However, there were some negative comments from patients concerning how much weight they had lost. It is difficult to ascertain whether the discrepancies between what patients reported is due to some patients not having clear expectations set out at the beginning or whether some patients were, either due to commitment issues or other circumstances, not meeting their targets. However, CHANGES should ensure that patients are set clear targets and expectations for weight loss in order to prevent disappointment and demotivation.¹⁹ On a more positive note, patients felt encouraged by health improvements and there was an evident change in their outlook. Patients had undergone psychological changes and improvements in physical health and had a much more positive outlook on life and a new attitude towards eating.

5. Conclusions

In conclusion, it was evident that there are different patient profiles within the CHANGES weight management service. Whilst it is difficult for one service to meet the needs of a wide and varied profile of patients, CHANGES are committed to tailoring service to individual requirements. There were some individual issues being neglected particularly in group settings although CHANGES do endeavour to see patients in these instances on a one-to-one basis. Many of the patients in the present study reported that CHANGES had helped them to make positive changes to their life. Furthermore, patients enjoyed their time on CHANGES and it was apparent that patients had lost weight and improved in psychological wellbeing throughout the evaluation.

¹⁹ CHANGES do provide patients with weight loss targets at the beginning of the course

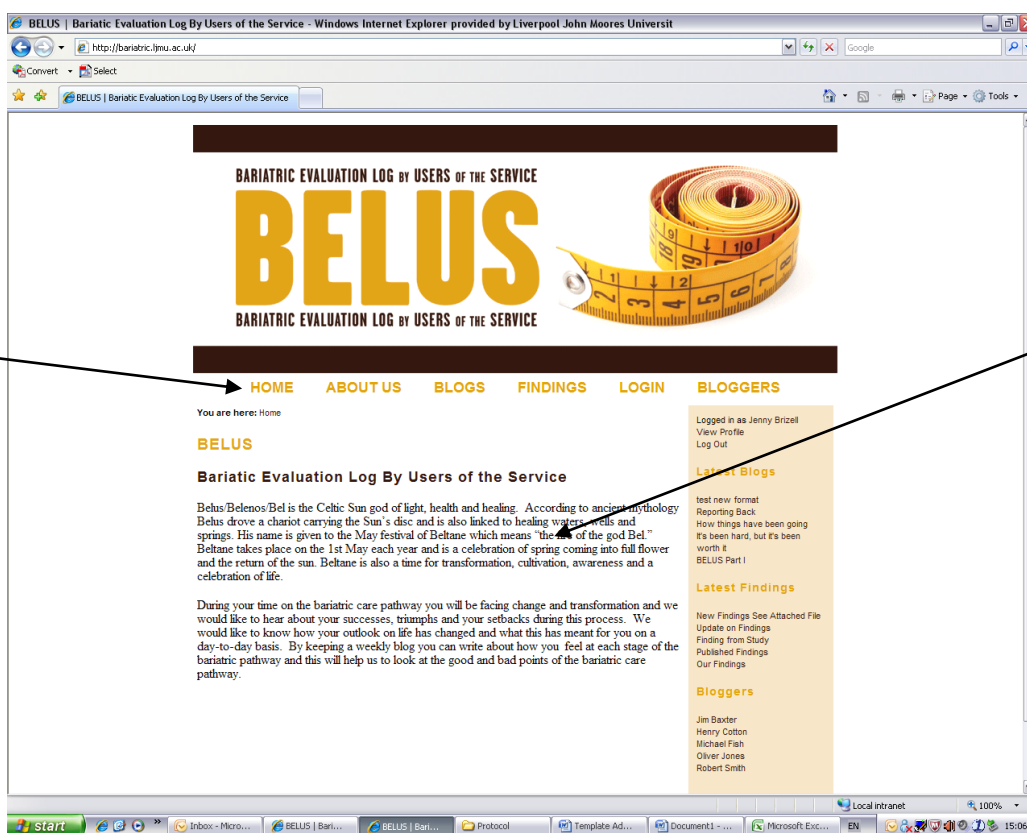
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7. Appendix 1

BLOGGERS USER GUIDE

1. **HOME PAGE:** Go to the website <http://bariatric.ljmu.ac.uk>. The home page will tell you a little bit about BELUS and also about keeping your weekly blog.
2. Along the middle of the **BELUS HOME PAGE** there is a list of different pages you can click on
 - The first page is **HOME** which will take you back to the **BELUS HOME PAGE**
 - The second page is **ABOUT US** which will tell you about the researchers who are carrying out the CHANGES evaluation.
 - The third page is **BLOGS**. This is where you can see your blogs and also other people's blogs unless they have marked them as private
 - The fourth page is **FINDINGS**. This is where the researchers will put up-to-date findings from the research
 - The fifth page is **LOGIN**. This is where you can login to your blog account and write new blogs, upload pictures etc
 - The sixth page is **BLOGGERS**. This is where can view the profiles of other Bloggers who are using the website.



3. **LOGIN.** After clicking on the login icon you will be asked to provide your **EMAIL ADDRESS** and **PASSWORD**. Your email address is the address you provided to researchers and the password will be bariatricljmu. You can change this password after the first time you log in. If you don't want to have to remember your password every time you login you can tick the **REMEMBER ME** box.

BELUS | Login - Windows Internet Explorer provided by Liverpool John Moores University

http://bariatric.ljmu.ac.uk/page.aspx?id=3

BELUS | Login

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BELUS

BARIATRIC EVALUATION LOG BY USERS OF THE SERVICE

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Latest Blogs

test new format
Reporting Back
How things have been going
It's been hard, but it's been
worth it
BELUS Part I

Latest Findings

New Findings See Attached File
Update on Findings
Finding from Study
Published Findings
Our Findings

Bloggers

Jim Baxter
Henry Cotton
Michael Fish
Oliver Jones
Robert Smith

3

4. Once you are logged in you can **ADD NEW BLOGS**, **EDIT YOUR PROFILE** and **VIEW OLD BLOGS** etc. To **ADD A BLOG** click on **VIEW PROFILE** from the right hand list on the website.
5. From the **VIEW PROFILE** page you can **EDIT YOUR PROFILE**, **ADD BLOGS** and look at **SAVED BLOGS** that you are currently writing.
6. **EDIT YOUR PROFILE**. Once you have clicked on edit your profile you can upload a picture of yourself, update your email address and change your password. Click **UPDATE** to make any changes.



7. **ADD BLOGS.** Once you have clicked on the add blogs you are able to write your weekly blog on the website. You can give it a title and then fill in the answers to the questions listed, e.g. *Please can you discuss anything **good** that has happened in the last week that you think is related to your weight?* Here you will also be asked for your current weight. You can mark your blog as **PUBLIC** or **PRIVATE** depending on whether you want other people to see your blog or not and you can **SAVE** or **SUBMIT** your blog. If you are not finished writing your blog you can save it and come back to it later. If it is finished you can submit it. Once you have finished then click **ADD**.

Add Blog

Required fields marked with a *

Title: *

Style: Format: Font: Size:

Please can you discuss anything **good** that has happened in the last week that you think is related to your weight?

Please can you discuss anything **bad** that has happened in the last week that you think is related to your weight?

Display: ☐ Live ☐ Offline

☐ Public ☒ Private ☐ Save ☐ Submit

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test new format
Reporting Back
How things have been going
It's been hard, but it's been worth it
BELUS Part 1

Latest Findings

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Finding from Study
Published Findings
Our Findings

Bloggers

Jim Baxter
Henry Cotton
Michael Fish
Oliver Jones
Robert Smith

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8. You can also **UPLOAD** any pictures, photographs, poems or anything you like relating to your feelings and experiences during **CHANGES**. Just click **BROWSE**, find where you have saved your picture etc and then click **UPLOAD DOCUMENT**. Once the document is uploaded then click **ADD**

Windows Internet Explorer provided by Liverpool John Moores University

http://bariatric.ljmu.ac.uk/admin/blog.aspx

Convert Select

Liverpool John Moores University Add Blog

Style: Formal Normal Font Size

Please can you discuss anything good that has happened in the last week that you think is related to your weight?

Please can you discuss anything bad that has happened in the last week that you think is related to your weight?

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☒ Offline

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Local intranet 100% 15:32

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9. You can also look at **SAVED BLOGS**, These are blogs that you haven't finished writing but you can go back, finish writing and then **SUBMIT** them.