

Response from the Royal College of Physicians of Edinburgh to the Health & Social Care Committee's call for evidence on food and weight management

The Royal College of Physicians of Edinburgh (“the College”) is an independent medical standard-setting body and professional membership organisation. We aim to meet doctors' professional and educational needs and promote clinical standards, patient safety and public health. We strive to guide and influence health policy and represent our members' views. The College has a strong UK and international presence with over 14,500 Fellows and Members in over 100 countries – including in every part of the UK. The College welcomes the opportunity to respond to the Committee's call for evidence.

Why are existing policies relating to food and diet seemingly not succeeding in reducing rates of obesity, and what should the Government learn from this, or do differently, when designing and implementing policy in future?

The Royal College of Physicians of Edinburgh considers that there are a wide range of factors involved in relation to why existing policies do not seem to be reducing rates of obesity.

The College would wish to highlight, in particular, the unhealthy food environment that exists to a significant extent in the UK with a prevalence of calorie-dense, ultra-processed foods which are high in fat, sugar, and salt (HFSS), while being low in fibre and essential nutrients, that drive obesity levels. We consider that the House of Lords' 2024 report “A plan to fix our broken food system”ⁱ contains a number of important findings and recommendations.

We welcome proposed actions by the UK and Scottish Government to restrict the promotion of foods HFSS but we believe these could be expanded further.

Access to healthier foods, especially in terms of their relative affordability compared to less healthy foods is another extremely important factor in improving the diet of the population, and reducing the health inequalities, and we consider that improving access to affordable, healthier food must be a priority. We welcome the UK government's recent announcementⁱⁱ that it will work in partnership with food retailers and manufacturers to make it easier for consumers to purchase healthier food choices and we hope that this work can be taken forward in a comprehensive way at pace and in particular those regions with the most need.

The College is a member of the Scottish Obesity Allianceⁱⁱⁱ and we would wish to highlight the important work it and its sister organisation Obesity Action Scotland^{iv} undertake in relation to the research and campaigning they have carried out. We would also recommend the WHO's 2022 framework document “WHO acceleration plan to stop obesity”^v as a useful contribution in terms of what is required in broad policy terms.

Which public health interventions have been the most effective, either domestically or internationally, at reducing obesity or consumption of less healthy foods? What should the Government learn from them?

The Soft Drinks Industry Levy (SDIL) has been an obvious success, and we welcome the UK Government's commitment to build on this success and look at reforming it to further drive reformulation.

There are a range of international examples of successful interventions and many of these have been highlighted by the WHO and the World Obesity Federation and we consider that it is vital that these are reviewed carefully so that the most effective can potentially be replicated here.

Where should the balance lie between voluntary and mandatory policies, and between tax and incentive?

The College considers that there must be a combination of voluntary and mandatory policies but very much agree with the UK government's stated position that voluntary approaches have simply not delivered the scale or pace of change needed in relation to the food environment in the UK and that therefore more mandatory regulation is necessary. The success of the Soft Drinks Industry Levy has demonstrated the potential that can be delivered from the implementation of clear legislative action.

What action could be the most effective in reducing ethnic and social disparities relating to rates of obesity, and how could any barriers to implementation be addressed?

The College remains deeply concerned at the extent of the health inequalities that exist in relation to obesity levels, and we support targeted actions that focus on, for example, the areas of greatest socio-economic need.

In relation to nutritional and physical activity initiatives focused on particular ethnic communities we consider it is important that these reflect cultural preferences and languages. In addition, partnerships with local community and faith leaders and local charities can help build trust in targeted initiatives.

Again, examining successful international examples that have helped reduce ethnic and social disparities is important.

What more should the Government and/or the food industry do to address disparities and deliver on the Government's Food Strategy aim of improving access to affordable, healthy food?

As referenced above, the College welcomes the UK Government's recently announced partnership with food retailers and manufacturers and we hope that this partnership can lead to tangible results around the access to and affordability of healthier food universally. We are keen that all parts of the food retail and manufacturing sector are included and involved in this partnership. There is evidence^{vi} that the existence of 'food deserts', - an area, typically low-income, where residents have limited access to affordable, nutritious food, often due to a lack of supermarkets and fresh food options -especially in more deprived communities, means that many people are forced to access smaller shops which may offer far fewer healthy options and this is an issue that must be addressed.

The Government should also consider requiring larger food businesses to report on the proportion of their food sales that come from healthy vs unhealthy products and related details. It should also examine additional mandatory reformulation standards for high-fat, salt, and sugar (HFSS) products which contribute so much to individuals consuming too many calories.

What challenges and opportunities do weight loss medications like Wegovy and Mounjaro present to the NHS and to individuals?

Weight loss medications clearly have the potential to help some individuals in their weight loss journey. At the same time the College considers that they need to be seen as part of a comprehensive system that can provide a broad range of weight loss services and healthy eating advice, and which supports individuals after they cease weight loss medication to prevent them regaining weight since 50% of people may regain weight after discontinuation without the lifestyle

changes. They cannot be seen as a standalone solution but can be part of the solution for some individuals and in that sense are of course a welcome advance. We would want to see a continued focus, alongside weight loss medications, on the importance of nutrition and a healthy balanced diet and exercise to normal functions and all round health.

Are weight loss injections cost-effective to the NHS and how does this compare with other treatments?

The College does not have specific information on the overall cost-effectiveness of weight loss injections and knows that Ministers will be assessing these matters regularly and looking at NICE's assessments of individual treatments. We understand that there may be significant potential savings to the NHS in future if they help reduce NHS spending on the consequences of obesity across a range of conditions including type 2 diabetes, chronic kidney disease, cardiovascular disease and potentially dementia. However the potential benefits need to be cautioned against the potential risks such as pancreatitis.

How well are weight management services functioning in the NHS and are they providing equitable access to treatment?

We are aware that there are many weight management services in the NHS that are functioning well but that there is variation across regions in terms of access, available services and outcomes. Staffing levels are a concern in some areas and this is an important consideration.

What changes might be needed to services, or additional support from Government, to ensure they are able to provide equitable access and take advantage of innovations in treatment?

Ensuring that there is appropriate resourcing for weight management and related services on a consistent basis is of real importance.

The College consistently argues that physicians need to have adequate time to speak to their patients about lifestyle factors, the preventative health agenda and steps individuals can take to improve their health in line with the Darzi shift of treatment to prevention. GPs and other physicians must have the capacity to do this in relation to weight and obesity issues, including regarding the treatment innovations coming on stream.

ⁱ [‘A plan to fix our broken food system’: House of Lords Food, Diet and Obesity Committee report - House of Lords Library](#)

ⁱⁱ [Healthy food revolution to tackle obesity epidemic - GOV.UK](#)

ⁱⁱⁱ [Scottish Obesity Alliance - Home](#)

^{iv} [Obesity Action Scotland | Providing leadership and advocacy on preventing & reducing obesity & overweight in Scotland](#)

^v [9789240075634-eng.pdf](#)

^{vi} [1.2 million living in UK food deserts, study shows | Faculty of Social Sciences | The University of Sheffield](#) and [Food-deserts-in-the-UK.pdf](#)