

Government task force needed to tackle obesity

Susan Mayor *BMJ*

The growing epidemic of obesity requires long term, sustainable changes that focus on the environment and encourage people to change their lifestyles rather than blaming obese people, says a report published in the United Kingdom this week.

The report says that action needs to be taken at every level—national, local, community, and individual—to halt the increase in overweight and obesity.

Its recommendations, made jointly by the Royal College of Physicians, the Faculty of Public Health, and the Royal College of Paediatrics and Child Health, include establishing a cross governmental task force to develop and oversee the implementation of national strategies for tackling obesity.

The task force would engage the public, public services, local government, schools, the voluntary sector, industry, and business in developing strategies to counter obesity.

Measures to reduce obesity

should be long term and sustainable, recognising that behavioural change is complex, difficult, and takes time, the report notes. “The emphasis is on environment, empowerment and encouragement—dropping the blame culture, engaging the whole community and assisting all groups to take action according to their own opportunities and responsibilities, including health professionals,” it explains.

The report, which was developed at the request of the chief medical officer, also says that health professionals need to be more involved in tackling obesity. It recommends that all NHS plans, policies, and clinical care strategies include the prevention and management of overweight and obesity.

To ensure that action is taken the report recommends that clinical governance of nutritional care be incorporated into service level agreements with trusts and primary care practices, so that action on nutrition is moni-



BRIAN HARRIS/REX

The rise in obesity has not been matched by an increase in training for health professionals, the new report says

tored and linked to payments for services.

Professor Peter Kopelman, professor of clinical medicine at Barts and the London, Queen Mary's School of Medicine and Dentistry, London, and chairman of the report's working party, said: “We are

concerned that many health professionals do not see preventing or managing obesity as part of their job.” □

Storing Up Problems: The Medical Case for a Slimmer Nation is available in summary form at www.rcplondon.ac.uk

Reid reduces targets for NHS

Zosia Kmiotowicz *London*

The health secretary, John Reid, launched a consultation paper this week proposing 24 broad “quality objectives” for the NHS to replace the hundreds of standards, targets, and guidance rules currently in existence.

But contrary to media predictions, he did not announce an end to the star rating system for hospitals.

Explaining the move, he said: “We are now nearly half way through our 10 year NHS plan, and in four years' time the vast majority of our present targets will be reached, delivering real improvements to NHS patients.

“In four years' time the nat-

ural and beneficial consequence of a reformed NHS... will be the need for fewer targets. By then, because we are giving power to patients we will need fewer targets from the centre.”

The consultation document proposes a set of “core standards” which every patient should expect, supported by “developmental” standards which set out what the NHS should aspire to, as extra investment becomes available.

It sets out 24 core standards and 10 developmental standards covering seven key areas: safety, clinical cost effectiveness, governance, patient focus, accessible

and responsive care, healthcare environment and amenities, and public health.

Mr Reid's announcement came after the publication of a report by the Commission for Health Improvement (CHI), which said that in the future hospitals may not get one overall star rating, because such a system failed to reflect the complexity of health services.

The commentary from the commission said: “Given the newness of this approach [star ratings], the shortage and paucity of data and the inherent complexity of health services, the methods used to calculate the star ratings must continue to be developed over the next few years—and it may well be at that point that it is no longer a single rating.”

The star rating system has had its champions and its critics ever since it was first used to rate NHS hospitals in 2001. Dame Deidre Hine, chairwoman of the commission, which took over responsibility for the scheme last year, said that the scheme was far from perfect.

Supporters of the system say it is easy to understand and that evidence has shown that the system creates pressure for improvement. Critics say that a single rating can never adequately capture how well a complex service such as a health trust really works. □

NHS Standards for Better Health can be accessed on the consultation page of the department's website at www.doh.gov.uk