healthwatch
Central Bedfordshire

Beyond the Injection

Local people's experiences of prescription weight loss medication in Central Bedfordshire

July 2026

Content...

WHO RESPONDED?

61 Local people

36 Told by a healthcare professional their weight was affecting their health

25 Reported living with a long-term condition

WHAT THEY TOLD US

48 were very familiar with prescription weight loss medication

28 had experienced stigma

Many had paid privately because NHS access was difficult

WHAT MATTERS MOST

- Clear information
- Fair NHS access
- Lifestyle support
- Compassionate care

The strongest message from the survey was clear: People do not view prescription weight loss medication as a quick fix. They want it to be offered as part of a personalised package of care that includes healthy eating, physical activity, behavioural support and compassionate clinical care

Executive Summary

Obesity remains one of the most significant public health challenges facing the UK and is associated with a range of long-term health conditions, including type 2 diabetes, cardiovascular disease, musculoskeletal disorders and poor mental wellbeing. Alongside growing public awareness of these issues, prescription weight loss medications such as Mounjaro, Wegovy and Saxenda have attracted increasing interest as part of obesity management.

Healthwatch Central Bedfordshire (HWCB) undertook this survey to better understand local people's awareness, experiences and attitudes towards these medications, including access to treatment and the support available alongside it.
The findings reveal strong public interest in prescription weight loss medication but also significant uncertainty about NHS eligibility, prescribing pathways and access to services.

Respondents described obesity as having a profound impact on both physical and mental wellbeing, affecting confidence, mobility, quality of life and long-term health.

While many respondents viewed weight loss medication positively, they consistently described it as one part of a broader approach to weight management rather than a "quick fix". People highlighted the importance of healthy eating, physical activity, behavioural support and regular clinical monitoring alongside medication.

The survey also identified opportunities to improve access to information, provide more consistent prescribing pathways and ensure that patients receive appropriate support throughout their weight management journey.

Many respondents believed that improving access to effective weight management services has the potential to improve quality of life whilst reducing the longer-term impact of obesity-related illness on individuals and the NHS.

The findings and recommendations within this report are intended to support commissioners, healthcare providers and policymakers as local and national weight management services continue to evolve.

Background

Obesity is one of the most significant public health challenges facing the United Kingdom and is associated with an increased risk of a range of long-term health conditions, including type 2 diabetes, cardiovascular disease, high blood pressure, musculoskeletal disorders, certain cancers and poor mental wellbeing. It can also have a significant impact on confidence, mobility, employment, relationships and overall quality of life.

Prevention remains the cornerstone of tackling obesity. Healthy eating, regular physical activity, behavioural support and wider public health initiatives continue to play a vital role in helping people achieve and maintain a healthy weight. However, for some people these approaches alone may not be sufficient, and additional clinical interventions may be appropriate.

In recent years, advances in obesity treatment have led to the development of a new generation of prescription weight loss medications, including Mounjaro (tirzepatide), Wegovy (semaglutide) and Saxenda (liraglutide).

These medicines work by regulating appetite and increasing feelings of fullness and have demonstrated significant weight loss outcomes in clinical trials when used alongside lifestyle interventions.

As awareness of these medications has grown, so too has public discussion about their benefits, risks, affordability and availability through the NHS. While the National Institute for Health and Care Excellence (NICE) has approved several medications for eligible patients, access remains subject to national clinical criteria and local commissioning arrangements.

Increasing numbers of people are also choosing to obtain treatment through private providers. Healthcare professionals continue to emphasise that prescription weight loss medication should be viewed as one element of a wider, personalised approach to weight management, supported by nutritional advice, physical activity, behavioural change and ongoing clinical monitoring.

As awareness and availability of these medications continues to increase, understanding the experiences, expectations and concerns of local people is becoming increasingly important.

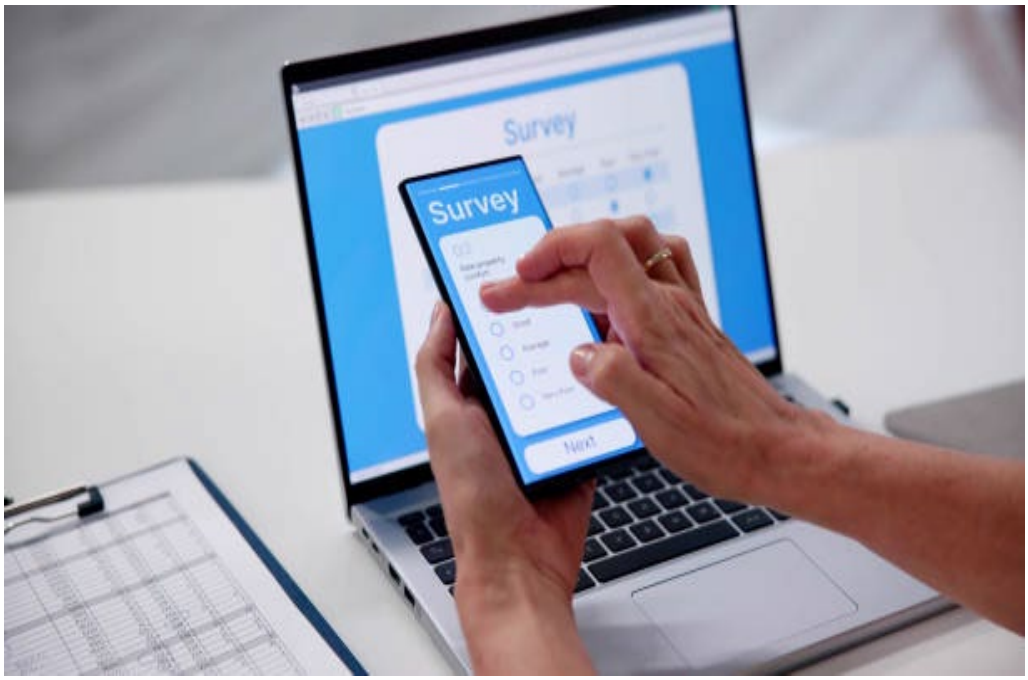
Healthwatch Central Bedfordshire undertook this survey to ensure that the voices of patients and the public help inform future discussions about weight management services and contribute to the planning and development of services that are accessible, equitable and centred on people's needs.

About the Survey

Prescription weight loss medications have become the subject of increasing public interest following their introduction as a treatment option for obesity and growing media attention surrounding medicines such as Mounjaro, Wegovy and Saxenda.

At the same time, changes to NHS prescribing pathways and increasing numbers of people accessing medication through private providers have prompted wider discussion about eligibility, accessibility, effectiveness and long-term support.
As the independent champion for people using health and social care services, HWCB wanted to understand how local people perceive these treatments and their experiences of accessing weight management support.

The survey explored people's awareness of prescription weight loss medications, their experiences of accessing treatment, the support available to them and the wider impact that weight management has on their health and wellbeing.



By gathering both quantitative data and personal experiences, HWCB aims to ensure that the voices of local people inform future discussions about weight management services and help shape the planning, delivery and improvement of local services.

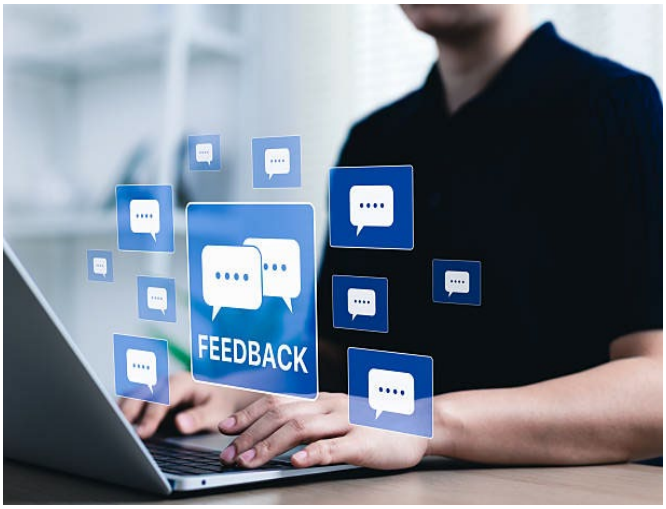
In doing so, HWCB fulfils its role as the independent consumer champion for health and social care, ensuring that the experiences of patients and the public remain at the heart of service development.

Methodology

An online survey was undertaken by HWCB between May and June 2026 to gather the views and experiences of local people regarding prescription weight loss medications and access to weight management support.

The survey was designed by HWCB and consisted of a combination of closed and open-ended questions. This approach enabled respondents to provide both quantitative data and detailed qualitative feedback about their experiences, concerns and expectations.
The questionnaire explored:

- awareness and understanding of prescription weight loss medications;
- experience of accessing treatment through the NHS;
- use of private providers;
- effectiveness of medication;
- side effects;
- attitudes towards NHS prescribing;
- the wider impact of weight on people's lives; and
- views on the support that should accompany medication.



The survey was promoted through HWCB's established communication channels, including social media, newsletters, stakeholder networks and community engagement activities.

Responses were collected online over the survey period and participation was entirely voluntary.

All responses have been analysed anonymously. Quantitative findings have been presented using charts and percentages, while qualitative comments have been reviewed thematically to identify recurring issues and emerging trends.

Throughout this report, quotations from respondents have been included to illustrate the lived experiences behind the survey findings. These quotations have been reproduced anonymously and, where necessary, have been subject to minor grammatical or typographical corrections to improve readability without altering the meaning or intent of the comments.

Although the survey was self-selecting and therefore does not represent the views of every resident in Central Bedfordshire, it provides valuable insight into the experiences of people who have engaged with weight management services or who have considered using prescription weight loss medication.

The findings presented in this report should be viewed as a reflection of people's experiences and perceptions at the time the survey was undertaken. They provide important evidence to support commissioners, healthcare providers and policymakers in understanding the issues that matter most to local people and identifying opportunities to improve information, access and support for those seeking help with weight management.

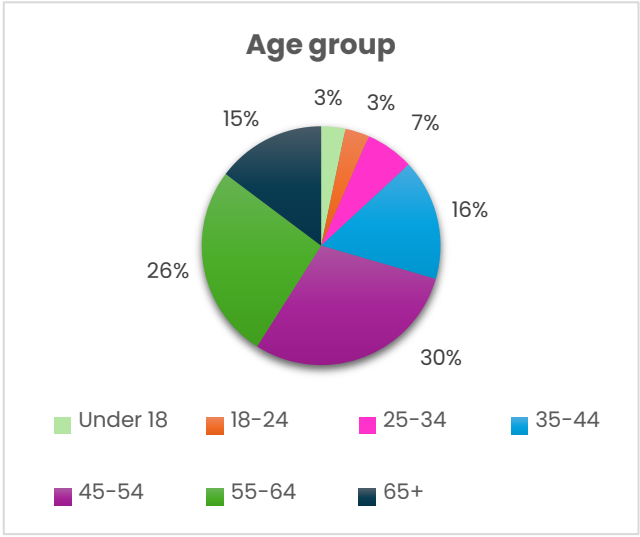
Who Responded

A total of **61 people** completed the survey, representing a range of ages and personal experiences. Respondents included people who had used prescription weight loss medication, people considering treatment and those who had chosen not to use medication.

The survey also captured the views of people both with and without long-term health conditions, as well as people who had previously been advised by a healthcare professional that their weight was affecting their health. This diversity of experiences provides valuable insight into public awareness, attitudes and experiences of weight management support.

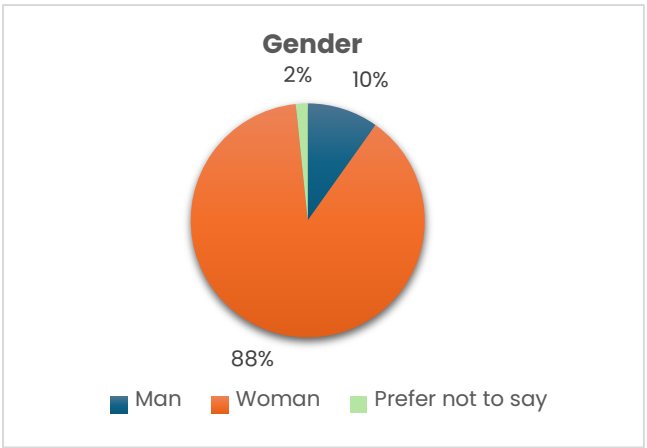
The charts below provide an overview of the survey respondents.

Age Profile



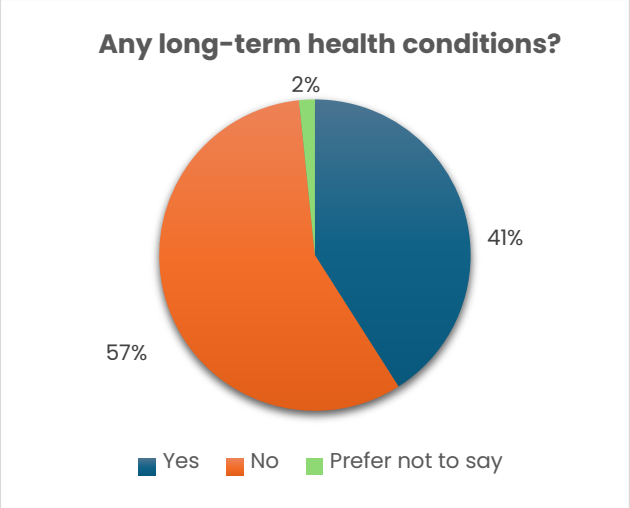
The largest proportion of respondents were aged 45–54 years (18 respondents), followed by 55–64 years (16 respondents). Together, these age groups accounted for over half of all respondents, suggesting that the survey particularly captured the experiences of middle-aged adults. Those under 18 and adults aged 18-34 were less represented.

Gender



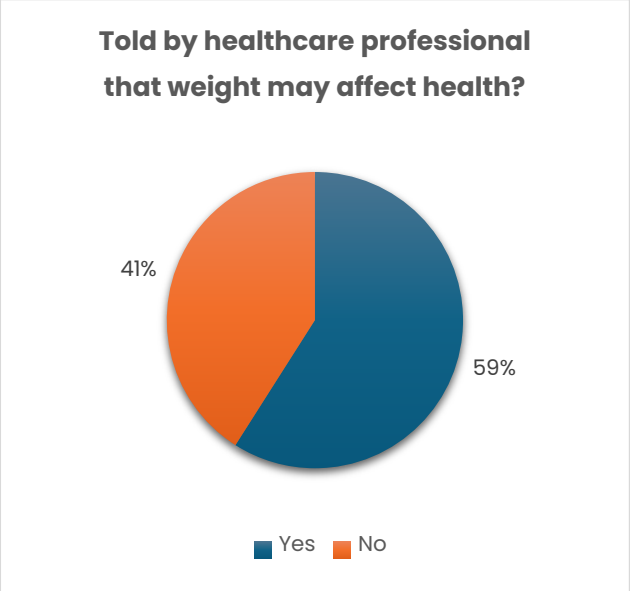
Most respondents identified as women (54 respondents), with 6 men participating in the survey and one person preferring not to say. This should be considered when interpreting the findings, as the experiences reported largely reflect those of women.

Long-term Health Effects



Around two in five respondents (25) reported living with a long-term health condition, while 35 respondents said they did not. This highlights that the survey includes perspectives from people managing both obesity alone and obesity alongside other health conditions.

Has a Healthcare Professional Told You Your Weight Is Affecting Your Health?



Thirty-six respondents said they had been told by a healthcare professional that their weight was affecting their health, while 25 had not. This indicates that many participants had direct experience of discussing weight management within healthcare settings.

The survey included a question on ethnicity to help monitor the diversity of respondents. The majority of respondents identified as White British, with a small number representing other ethnic backgrounds.

While these numbers were too small to analyse separately, collecting this information helps HWCB understand who is engaging with our work and identify opportunities to reach under-represented communities in future engagement activities.

Demographic information was collected to help understand the diversity of respondents and assess how representative the survey sample was of the wider community.

Five things we learned

People want help – not a quick fix

Weight affects every aspect of people's lives

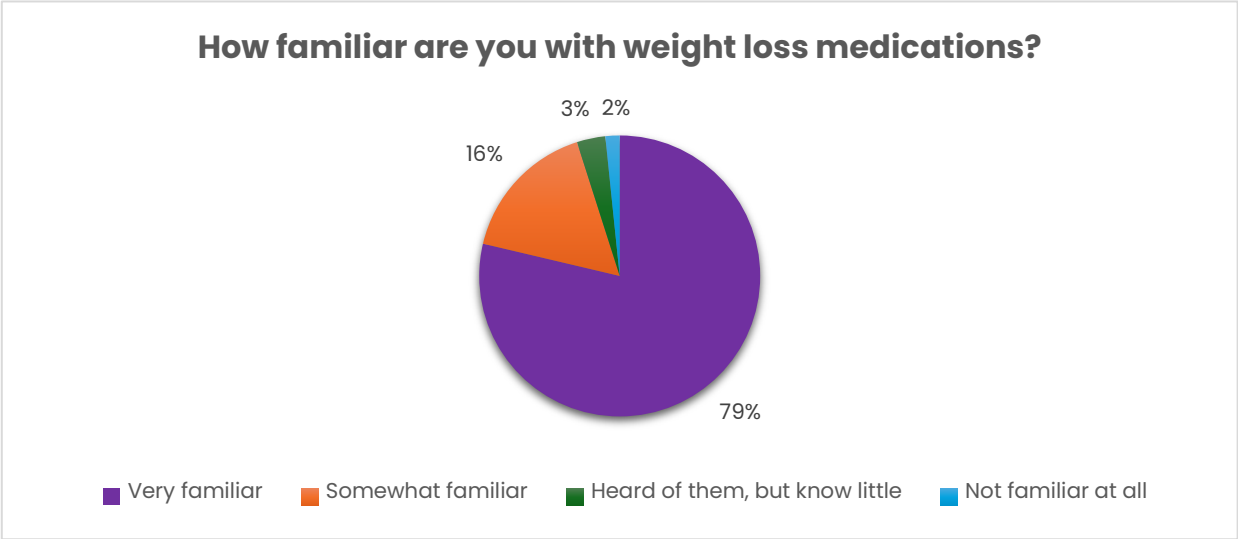
NHS access route and information is difficult to understand

Medication works best alongside lifestyle support

Compassion matters as much as treatment

Detailed Findings

Question 1. Awareness of prescription weight loss medications



The survey found that awareness of prescription weight loss medications was very high. Of the 61 respondents, 48 described themselves as *very familiar* with medications such as Mounjaro, Wegovy and Saxenda, while a further 10 were *somewhat familiar*. Only three respondents said they knew little or were not familiar at all.

This suggests that these medications are now widely recognised by respondents, most likely reflecting the significant media coverage and public discussion surrounding their use. However, the comments show that awareness does not always mean people feel fully informed. Several respondents wanted clearer information about how the medication works, possible side effects, long-term safety and how treatment should be managed.

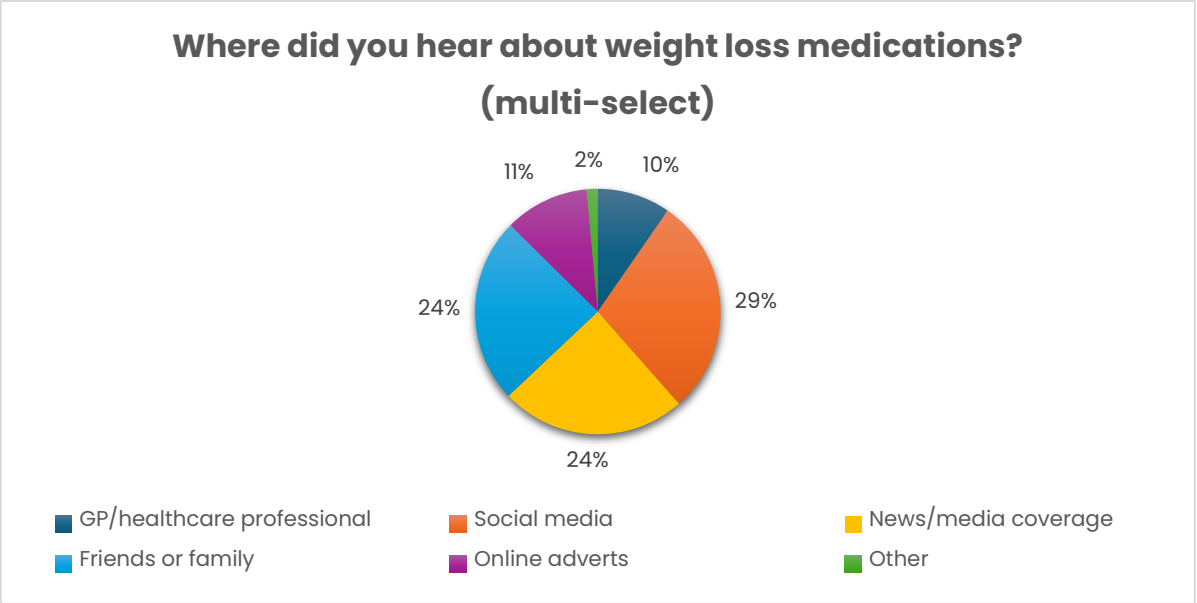
This highlights the importance of clear, accessible and trusted information so that people can make informed decisions about whether weight loss medication is right for them.

"More research into side effects and long-term effects so people can make properly informed decisions."

"It's not clear what the criteria is and what the negative effects are."

"Care instructions around diet and exercise whilst taking this medication. I don't think people are informed about how to look after themselves when they're on them."

Question 2. Where people heard about weight loss medication



Respondents heard about weight loss medications from a range of sources. Social media was the most commonly reported source, with 39 respondents selecting this option.

News or media coverage and friends or family were also frequently selected, with 33 respondents choosing each. Fewer respondents reported hearing about these medications from a GP or healthcare professional.

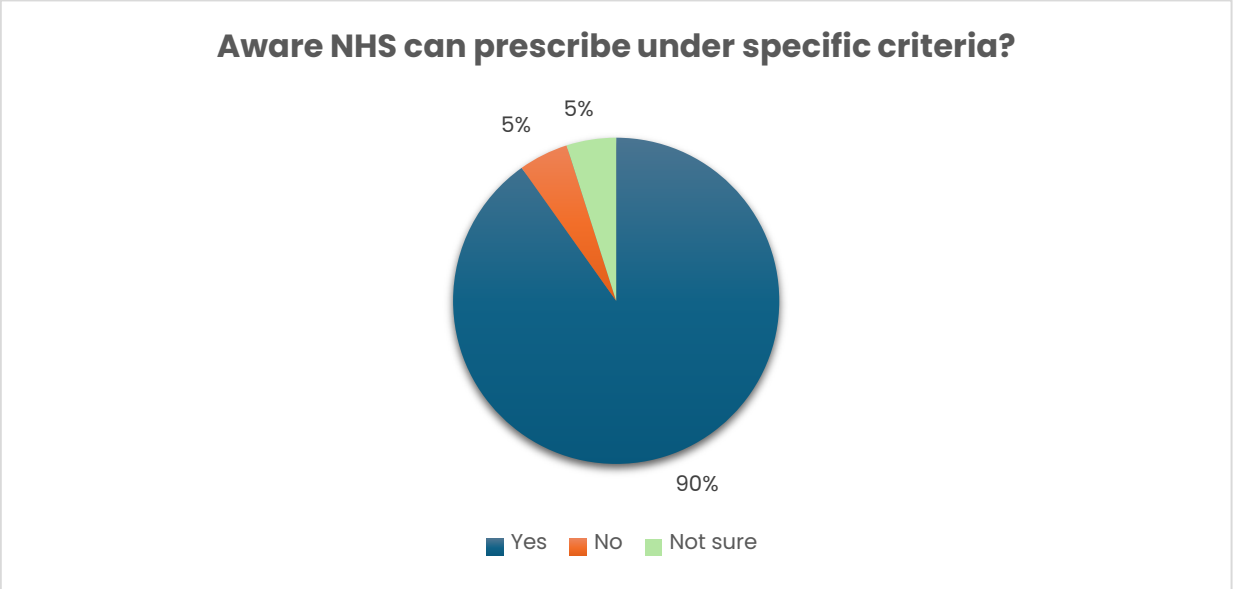
This finding is important because it suggests that many people are learning about weight loss medication through informal or public sources rather than directly from healthcare professionals.

While media coverage and social media can raise awareness, they may not always provide balanced or clinically accurate information.

"More information on the effectiveness of the medications and potential side effects."

"Who it's for, and how to ensure you're receiving it under safe conditions if going private."

Question 3. Awareness of NHS eligibility



Most respondents were aware that some weight loss medications can be prescribed through the NHS under specific criteria. Fifty-five out of 61 respondents answered *yes* to this question, while only three said *no* and three were *not sure*.

However, comments throughout the survey suggest that although people may know NHS prescribing exists, many remain unclear about who is eligible, how decisions are made and whether local GP practices are expected to prescribe or refer patients elsewhere.

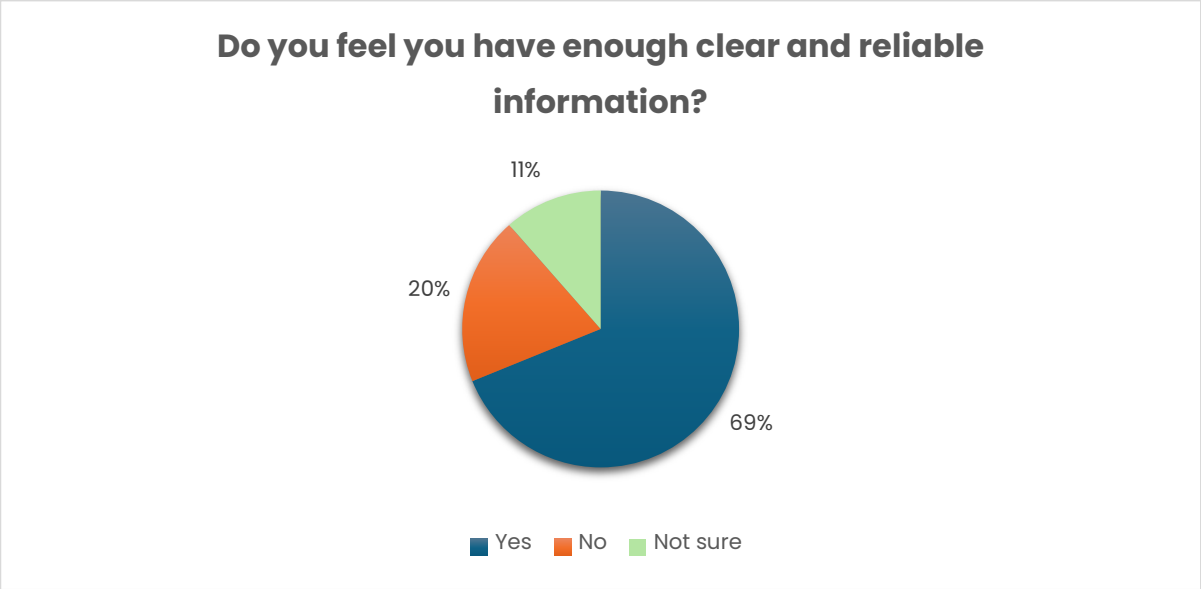
This indicates that future communication should not simply tell people that NHS prescribing is available, but clearly explain eligibility, referral routes and local prescribing responsibilities.

"The NHS criteria – e.g. am I entitled via NHS?"

"Clear criteria. I hit the criteria but my diabetic nurse refuses to prescribe to me to help."

"Clear guidance on whether GPs are expected to take over prescribing once patients are discharged from obesity clinic."

Question 4. Whether people feel they have enough clear and reliable information



Although awareness was high, not all respondents felt they had enough clear and reliable information. A total of 42 respondents said they did, while 12 said they did not and seven were unsure.

This suggests that while many people feel reasonably informed, a significant minority still feel uncertain.

The comments show that people want practical, personalised information, particularly around side effects, long-term health impacts, safe private prescribing and how to maintain weight loss after stopping medication.

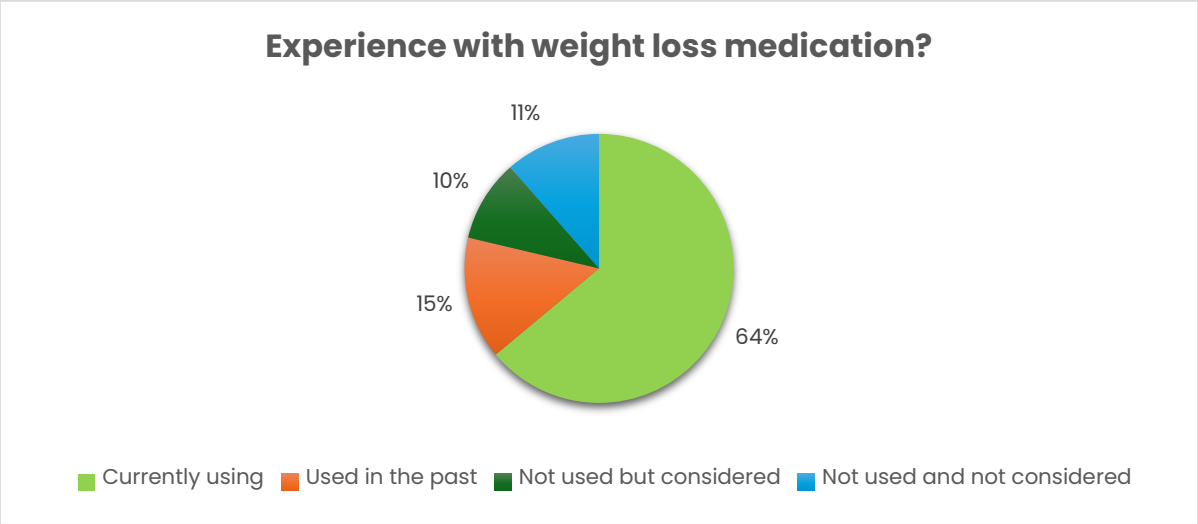
This reinforces the need for information that goes beyond general awareness and supports people through the full treatment journey.

"How to maintain weight loss when the injections stop."

"Detailed explanations about side effects for individual cases so we know how it could affect me directly."

"Info on Mg's recommended and how to plan to come off the medication/maintenance."

Question 5. Experiences and interest in using weight loss medication



Respondents represented a wide range of experiences. The number of respondents who said they were currently using weight loss medication was 39, while nine had used it in the past. Six had not used medication but had considered it, and seven had not used it or considered it.

This means the survey captured the views of people with direct experience of medication as well as those considering it or choosing not to use it. This range of perspectives helps provide a more balanced understanding of public attitudes towards prescription weight loss medication.

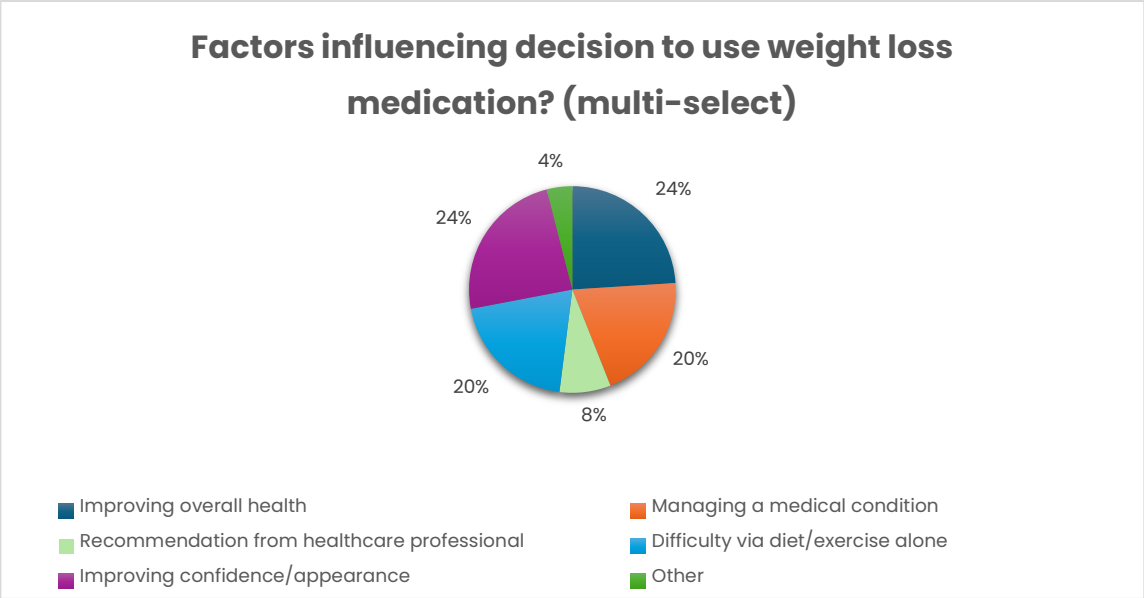
Among respondents who had not used medication, views were mixed. Some said they would be likely to consider it in the future, particularly where weight was affecting their health, while others were less likely to do so.

"Would love it to be available to more people."

"It's an aid to reach your goal. Nothing more. And should definitely not be abused."

"It has to be a complete lifestyle change, not treated as a quick fix."

Question 6. Factors influencing decisions about medication



For respondents who had not used medication but answered this question, the most common reasons for considering treatment were improving overall health, improving confidence or appearance, managing a medical condition and difficulty losing weight through diet and exercise alone. This finding is important because it shows that respondents were not simply interested in weight loss for cosmetic reasons.

Many linked weight management to wider health, wellbeing and quality of life. For some, medication was seen as a possible option after repeated attempts to lose weight through other means.

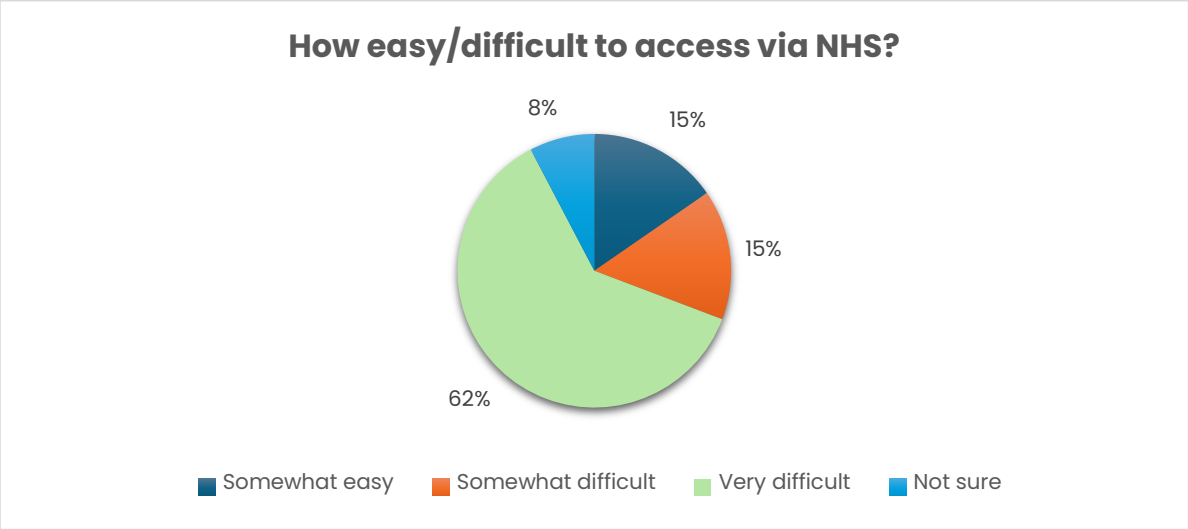
This highlights the need to understand the personal and emotional context behind people's interest in weight loss medication.

"I have struggled with my weight most of my adult life. As I age, I am finding it even harder to lose weight."

"Being overweight affected self-esteem and confidence. It had a physical impact on what I could do and led to periods of low mood."

"Despite being active... I always struggled to lose weight consistently and it impacted my confidence and mental health."

Question 7. Accessing weight loss medication through the NHS



Among respondents who answered the access questions, most had not tried to access weight loss medication through the NHS. However, views on NHS access were clear: many believed access is difficult. No respondents described access as *very easy*, while eight described it as *very difficult*.

The comments suggest that people experience confusion around eligibility, local referral routes and who is responsible for prescribing. Some respondents felt they met the criteria but were still unable to access treatment, while others felt they had not received clear explanations from healthcare professionals.

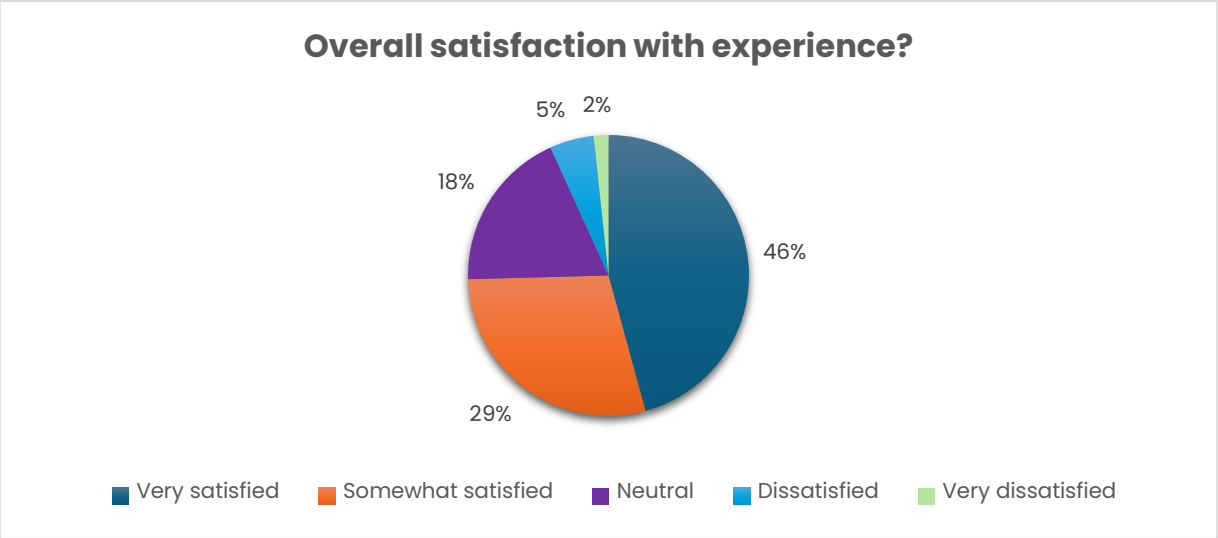
This suggests that clearer local pathways and more consistent advice from healthcare professionals would help reduce confusion and improve patient experience.

"I meet the criteria but the GP refuses as said down to diabetic nurse. The nurse has refused to prescribe, despite me actively trying to lose weight, but has not given me a reason why."

"Getting an appointment at the GP."

"More access to practitioners that can prescribe and support."

Question 8. Experiences of using weight loss medication



Overall, satisfaction among respondents who had used weight loss medication was generally positive. Twenty-seven respondents said they were *very satisfied*, and 17 were *somewhat satisfied*. However, 11 were neutral and four expressed some level of dissatisfaction.

Many respondents described positive outcomes, including weight loss, improved confidence, better physical health and improvements in conditions such as pre-diabetes. However, satisfaction was not universal. Some respondents reported side effects, cost concerns, slower-than-expected weight loss or difficulty maintaining weight loss after stopping medication.

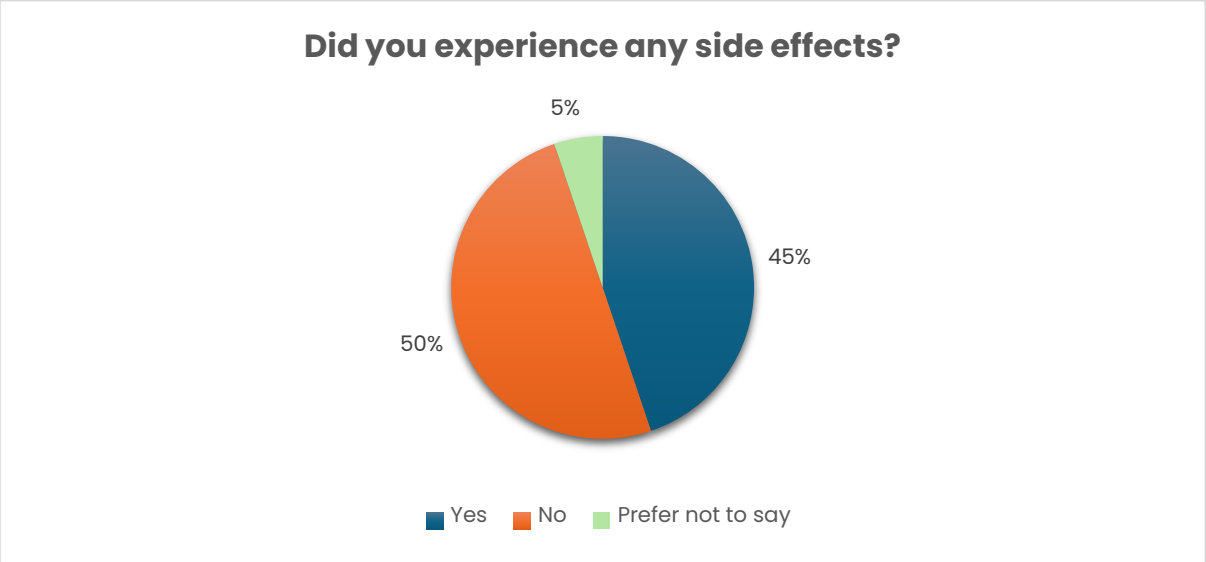
These findings show that weight loss medication can have a significant positive impact for some people, but that access, affordability and ongoing support remain important issues.

"My last bloods have now said I am no longer pre-diabetic. My physical health was getting worse."

"I am almost at my healthy BMI and I feel fantastic. So much more confident... Energy levels have increased."

"First time I've been able to lose weight in years. I've tried it privately and it's not sustainable to afford long term."

Question 9. Side effects and concerns



Side effects were a common issue. Of those who answered the question, 26 said they had experienced side effects, while 29 had not.

The most frequently reported side effects included nausea, constipation, loss of appetite, diarrhoea, headaches, fatigue and hair thinning or hair loss.

When asked about wider concerns, the most common issue was cost, followed by long-term health impact and possible side effects.

This suggests that even where people were positive about medication, many wanted reassurance about safety, affordability and what happens over the longer term.

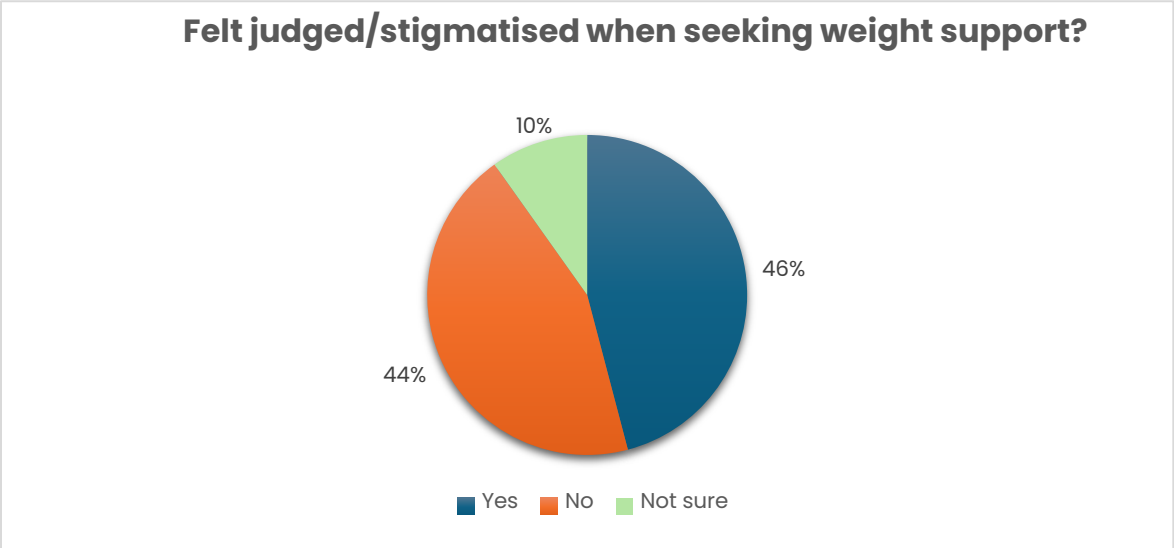
This highlights the importance of regular monitoring, clear information and honest conversations about both the benefits and risks of treatment.

"Long-term side effects."

"More research into side effects and long-term effects so people can make properly informed decisions."

"Side effects which may become evident in the future."

Question 10. Stigma and judgement when seeking support



The survey found that stigma remains a significant issue. Twenty-eight respondents said they had felt judged or stigmatised when seeking support for their weight, while 27 said they had not and six were unsure.

This is an important finding because negative experiences can prevent people from seeking healthcare support, not only for weight management but for other health concerns.

Comments showed that some respondents felt blamed for their weight or dismissed when raising health issues.

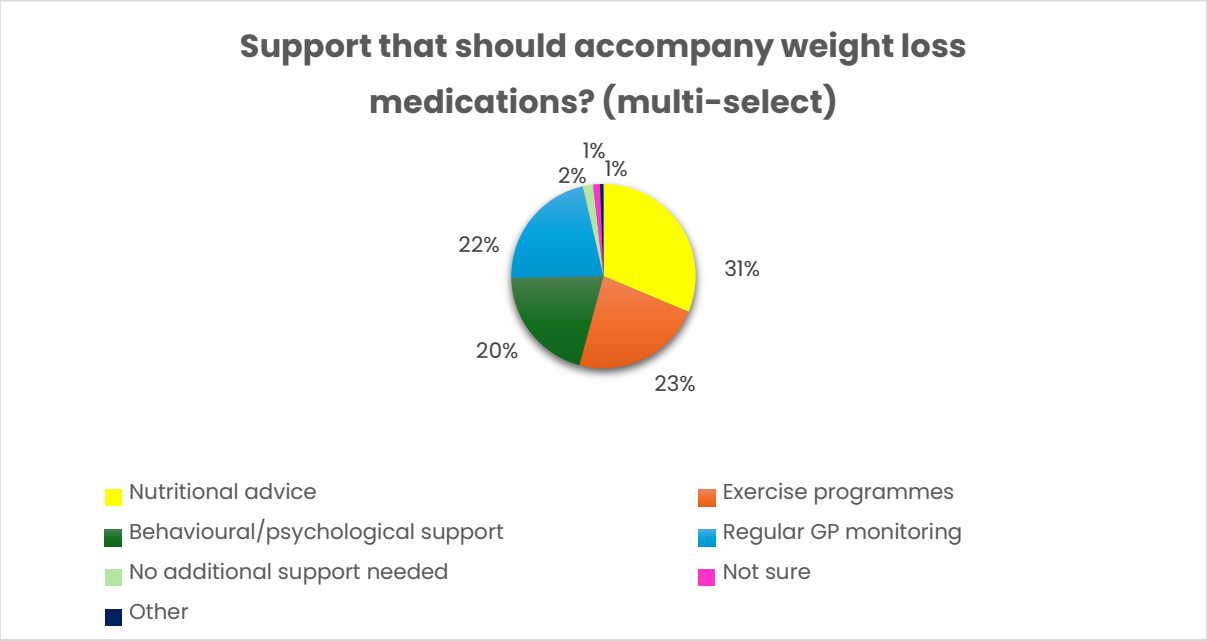
These findings reinforce the need for compassionate, person-centred conversations about weight that support people to seek help rather than discourage them.

"Not feeling judged when I go to doctor for help."

"It seems to be the default option for healthcare professionals to blame for all symptoms, without attempting to investigate other causes. This has put me off seeking medical advice."

"I've not had an ear test in over 10 years because of being shamed about my weight by a female clinician."

Question 11. Support that should accompany weight loss medication



Respondents were clear that medication should not be provided in isolation. The most commonly selected form of support was nutritional advice, chosen by 52 respondents. Exercise programmes, regular GP monitoring and behavioural or psychological support were also strongly supported.

Respondents also identified a range of possible support providers, including GPs, specialist services, community services and online or digital support.

This suggests that people want flexible, joined-up support that reflects their individual needs and circumstances.

This final finding draws together one of the strongest messages from the survey: prescription weight loss medication may be valuable for some people, but long-term success depends on the right support before, during and after treatment.

"Being able to continue to access support when medication is completed."

"Support groups like a Slimming World or Weight Watchers kind of set up to raise awareness and create a community."

"Emotional eating and stress is hard to combat. More access to mental health support for some is important."

What We Heard

While respondents shared a wide range of individual experiences, several clear and consistent themes emerged throughout the survey. These provide valuable insight into how local people view prescription weight loss medications and the wider challenges they face when managing their weight.

Living with obesity affects every aspect of life

Perhaps the strongest message throughout the survey was that obesity is about far more than body weight.

Many respondents described living with obesity as something that had affected them for years, impacting not only their physical health but also their confidence, emotional wellbeing, relationships, mobility and overall quality of life.

People spoke openly about living with diabetes, high blood pressure, arthritis, chronic pain and reduced mobility, while others described anxiety, depression, poor body image and feelings of embarrassment.

As one respondent explained: ***"Being obese has had a hugely negative impact on physical, emotional and mental wellbeing."***

Another reflected: ***"Life is very hard work, I have many medical problems and I feel my weight is the biggest contributing factor that I could change that would definitely benefit all my other health conditions."***

Many respondents described years of trying to lose weight through diet and exercise without achieving lasting success.

Weight loss medication is viewed as one part of the solution

Although public discussion often portrays weight loss medication as a "quick fix", respondents overwhelmingly rejected this view.

People recognised that medication could be an effective tool to support weight loss but consistently stated that it should be combined with healthier eating, increased physical activity and long-term behavioural change.

Several respondents stressed that without lifestyle changes, long-term success would be difficult to achieve. One respondent commented: ***"It's an aid to reach your goal. Nothing more. And should definitely not be abused."*** Another reflected on their own experience: ***"It has to be a complete lifestyle change, not treated as a quick fix."***

People want support – not just a prescription

Respondents consistently highlighted that successful weight management requires ongoing support. Many wanted access to:

- nutritional advice;
- behavioural or psychological support;
- exercise programmes;
- regular reviews with healthcare professionals;
- support when reducing or stopping medication; and
- peer support from others with similar experiences.

Several respondents felt there was insufficient support available once medication had been prescribed, particularly for people accessing treatment privately.

One respondent said, ***"Care instructions around diet and exercise whilst taking this medication. I don't think people are informed about how to look after themselves when they're on them."***

Another commented: ***"Being able to continue to access support when medication is completed."***

Access to NHS treatment is confusing and inconsistent

Many respondents expressed frustration about difficulties accessing weight loss medication through the NHS.

People described uncertainty around eligibility criteria, differing advice from healthcare professionals and confusion over local prescribing arrangements.

Several respondents believed they met the published eligibility criteria but were still unable to obtain treatment.

One respondent explained, ***"I meet the criteria but the GP refuses... the nurse has refused to prescribe despite me actively trying to lose weight."***

Others questioned why access appeared to vary depending on where they sought advice.

This uncertainty led some respondents to seek treatment through private providers despite concerns about affordability.

Private treatment is filling a gap in NHS provision

Many respondents who had accessed medication privately reported positive outcomes, including significant weight loss, improved confidence and improvements in obesity-related health conditions.

However, several also described the financial burden of continuing treatment and expressed concern that those unable to pay privately may be disadvantaged.

One respondent commented: ***"First time I've been able to lose weight in years. I've tried it privately and it's not sustainable to afford long term."*** Others felt that access should be based on clinical need rather than personal finances.

Stigma remains a significant barrier

Many respondents described feeling judged because of their weight. Some reported delaying seeking medical advice due to previous negative experiences or fear of being blamed for health problems because they were overweight.

Several respondents also felt there remains a misunderstanding that obesity results solely from lifestyle choices, despite living with conditions such as polycystic ovary syndrome (PCOS), diabetes, menopause-related weight gain and reduced mobility.

One respondent told us: ***"Not feeling judged when I go to the doctor for help."*** Another shared: ***"I've not had an ear test in over 10 years because of being shamed about my weight by a female clinician.***

These experiences demonstrate the importance of compassionate, person-centred conversations about weight management.

People believe earlier intervention could improve health outcomes

Many respondents believed that improving access to effective weight management support could reduce future demand on NHS services by preventing obesity-related illness.

Several described improvements in diabetes, blood pressure, mobility and mental wellbeing after losing weight.

One respondent commented: ***"I do feel helping people to lose weight can benefit the NHS as fewer people may suffer weight-related illnesses."***

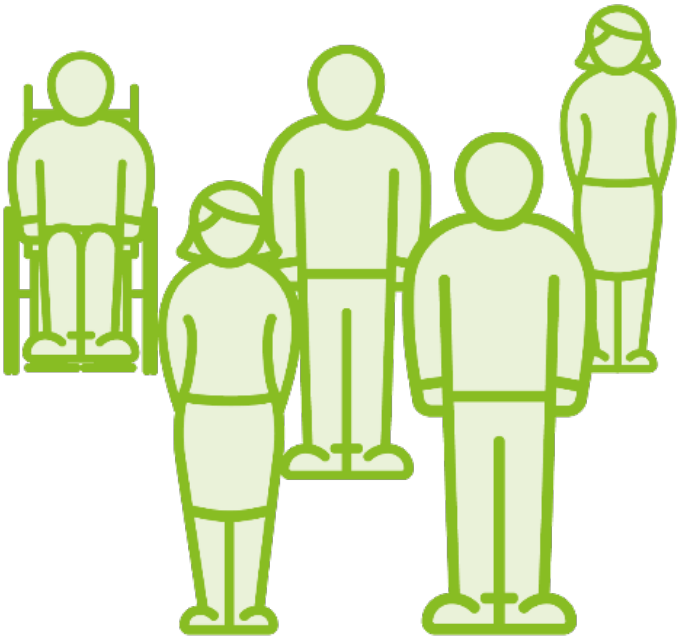
Another added: ***"Keeping people fit and healthy saves the NHS money in the long run."***

Overall, respondents viewed prescription weight loss medication as one component of a broader strategy to improve health outcomes, provided that treatment is delivered safely, fairly and alongside appropriate clinical and lifestyle support.

The Human Story Behind the Statistics

Behind every survey response is a person, a family and a unique story.

While the statistics presented throughout this report provide an important picture of public opinion, the comments shared by respondents reveal the emotional reality of living with obesity and the challenges many people face when trying to access support.



For many respondents, managing their weight was not simply about appearance. Instead, they described years of living with long-term health conditions, reduced mobility, chronic pain and the emotional impact that obesity can have on everyday life.

Many people explained that they had spent years trying to lose weight through dieting, exercise programmes and commercial weight management groups, often experiencing short-term success followed by disappointment when the weight returned.

One respondent told us, ***"I have struggled with my weight most of my adult life. As I age I am finding it even harder to lose weight."***

Another explained, ***"Weight has always been a problem for me since being a child. Despite being active... I always struggled to lose weight consistently and it impacted my confidence and mental health.***

Many respondents described obesity as affecting every aspect of their lives. People spoke about avoiding social situations, struggling with self-confidence, worrying about how others perceived them and feeling trapped in a cycle where poor physical health affected mental wellbeing, making it even harder to lose weight.

One respondent reflected, ***"My health... I didn't like myself and I would even say hated myself, so I would then comfort eat."***

Others described the physical consequences of carrying excess weight.

Respondents reported living with arthritis, diabetes, fibromyalgia, high blood pressure, chronic pain, breathlessness and reduced mobility, often feeling that their weight had become a barrier to living the life they wanted. One respondent summed this up simply, ***"Life is very hard work... I feel my weight is the biggest contributing factor that I could change that would definitely benefit all my other health conditions."***

Several respondents also highlighted the emotional impact of stigma. Some described feeling judged because of their weight, while others said previous experiences had discouraged them from asking healthcare professionals for help. One respondent shared,

"Not feeling judged when I go to the doctor for help." Perhaps one of the most striking comments came from someone who told us, ***"I've not had an ear test in over 10 years because of being shamed about my weight by a female clinician."***

These experiences highlight how stigma can become a barrier to accessing healthcare, extending well beyond weight management services. However, alongside these challenges, many respondents also described a renewed sense of optimism.

People who had successfully accessed weight loss medication often spoke about improvements that extended far beyond the number on the scales. They described increased confidence, improved mobility, better control of long-term health conditions and a renewed enjoyment of everyday life.

One respondent explained, ***"My last bloods have now said I am no longer pre-diabetic. My physical health was getting worse before."***

Another shared, ***"I am almost at my healthy BMI and I feel fantastic. So much more confident... Energy levels have increased and I'm completing an ultra-marathon in three weeks' time!"***

Many respondents recognised that medication alone was not the answer. Instead, they viewed it as an opportunity to regain control of their health and establish healthier habits that they could maintain long after treatment had ended. As one respondent put it,

"It's an amazing tool. But should be used with caution and should not substitute food."

The experiences shared throughout this survey demonstrate that obesity is a complex, long-term health condition that affects people physically, emotionally and socially. They also show that while prescription weight loss medication has the potential to transform lives, respondents consistently believe it should form part of a wider package of personalised support, information and compassionate care.

Above all, the survey reminds us that behind every statistic is a person striving to improve their health, their confidence and their quality of life. Listening to these experiences is essential if future weight management services are to meet the needs of the people they are designed to support.

HWCB's Conclusions

This survey has provided valuable insight into how local people view prescription weight loss medication and, more importantly, how they experience living with obesity and seeking support to manage their weight.

The findings demonstrate that obesity is widely recognised by respondents as a complex, long-term health condition that extends far beyond body weight alone. People described significant impacts on their physical health, emotional wellbeing, confidence, relationships, mobility and quality of life. Many respondents had spent years attempting to lose weight through conventional methods before considering prescription medication.

The findings reinforce the importance of recognising obesity as a chronic health condition that requires compassionate, person-centred and evidence-based care.

The survey also demonstrates strong public support for prescription weight loss medication being available through the NHS where clinically appropriate. However, respondents consistently viewed medication as one component of a broader package of care rather than a standalone solution. People repeatedly highlighted the importance of nutritional advice, behavioural support, physical activity, regular clinical monitoring and long-term follow-up to help achieve sustainable weight management.

A significant finding was the level of confusion surrounding access to treatment. Respondents described uncertainty about eligibility criteria, inconsistent information, differing prescribing practices and limited understanding of local referral pathways. These experiences suggest there is an opportunity to improve communication and ensure greater consistency across primary and specialist care.

The survey also highlights wider issues relating to health inequalities. Many respondents reported paying privately for treatment because NHS access was unavailable or unclear.

Whilst some were able to benefit from private treatment, others expressed concern that access to effective medication should not depend upon an individual's ability to pay. Another important finding relates to the stigma surrounding obesity. Some respondents described feeling judged or dismissed when seeking healthcare, whilst others delayed asking for support because of previous negative experiences.

These findings reinforce the importance of ensuring conversations about weight are respectful, supportive and free from judgement.

Overall, the evidence suggests there is considerable opportunity to strengthen local weight management pathways by improving access to information, providing more consistent support and ensuring that

people are able to access evidence-based treatment within an integrated model of care. The experiences shared through this survey demonstrate that, when delivered appropriately, weight management support has the potential not only to improve individual health outcomes but also to reduce future demand on health services through the prevention of obesity-related illness.

As NHS prescribing pathways continue to evolve, it will be important that the voices and experiences of patients remain central to future service development.

YOU SAID ...	HWCB RECOMMENDS
"I don't know if I'm eligible."	Publish clearer information about eligibility and referral pathways.
"I felt judged when asking for help."	Promote compassionate, stigma-free conversations about weight.
"I need support after the medication finishes."	Provide ongoing nutritional, behavioural and clinical support.
"I could only get treatment privately."	Review local NHS pathways to improve equitable access based on clinical need.
"It's confusing who can prescribe."	Provide consistent prescribing pathways across primary care.

Recommendations

Based on the findings of this survey, Healthwatch Central Bedfordshire (HWCB) recommends that local commissioners, NHS providers and primary care organisations consider the following actions:

1. Improve public information

Develop clear, accessible information explaining:

- who is eligible for NHS weight loss medication;
- how referrals are made;
- what support is available locally; and
- what patients can expect throughout their treatment journey.

Information should be consistent across GP practices, NHS websites and community services.

2. Promote consistent prescribing pathways

Work with GP practices and specialist weight management services to reduce variation in prescribing and ensure patients receive clear, consistent advice regardless of where they seek support.

3. Treat medication as part of a wider programme of care

Ensure prescription weight loss medication is accompanied by:

- nutritional advice;
- physical activity support;
- behavioural and psychological support where appropriate;
- regular clinical reviews; and advice to help people maintain weight loss once treatment ends.

4. Ensure equitable access to advice and support regardless of prescribing route

Recognise that increasing numbers of people are accessing medication through private providers and explore opportunities for signposting, education and lifestyle support that can be accessed regardless of where medication has been prescribed.

5. Reduce stigma associated with obesity

Continue to promote compassionate, person-centred conversations about weight across all health and care settings.

Training should support healthcare professionals to recognise obesity as a complex, long-term health condition and encourage people to seek support without fear of judgement.

6. Improve communication about long-term treatment

Provide patients with realistic information regarding:

- potential side effects;
- expected outcomes;
- duration of treatment;
- maintaining weight loss after treatment; and
- the importance of lifestyle changes alongside medication.

7. Continue to monitor patient experience

As NHS prescribing pathways expand, regularly seek feedback from patients to understand their experiences of accessing treatment, identify emerging issues and inform future service improvements.

8. Consider wider preventative approaches

Continue investing in preventative services that support healthy eating, physical activity, emotional wellbeing and early intervention, recognising that medication should complement, not replace, broader public health approaches to tackling obesity.

Next Steps

Healthwatch Central Bedfordshire will share the findings of this report with local NHS organisations, Central East Integrated Care Board, primary care providers, Central Bedfordshire Council and other relevant partners to help inform future weight management services.

We will encourage partners to consider the experiences and recommendations presented within this report as local prescribing pathways continue to develop and national guidance evolves.

HWCB will continue to listen to the experiences of local people and monitor developments relating to weight management services, ensuring that the voices of patients remain central to service planning and improvement.

Where appropriate, HWCB will seek updates from partner organisations on actions taken in response to this report and will continue to work collaboratively to improve access to safe, effective and person-centred weight management support across Central Bedfordshire.

Ultimately, the findings in this report demonstrate the importance of listening to people's lived experiences when designing weight management services that are accessible, equitable and centred on the needs of the communities they serve.

Appendix – Survey Questions

Section 1: Awareness and Knowledge

Q1. How familiar are you with weight loss medications?
(e.g. Mounjaro, Wegovy, Saxenda)

- Very familiar
- Somewhat familiar
- Heard of them, but know little
- Not familiar at all

Q2. If you have heard of weight loss medications, where did you hear about them?
(Select all that apply)

- GP or healthcare professional
- Social media
- News or media coverage
- Friends or family
- Online adverts
- Other (please specify)

Q3. Are you aware that some weight loss medications can be prescribed through the NHS under specific criteria?

- Yes
- No
- Not sure

Q4. Do you feel you have enough clear and reliable information about weight loss medications?

- Yes
- No
- Not sure

Q5. What information would you like to see more of? *(Optional open response)*

Section 2: Experiences of Weight and Health

Q6. Have you ever been told by a healthcare professional that your weight may be affecting your health?

- Yes
- No
- Prefer not to say

Q7. How has your weight, or attempts to manage your weight, affected your day-to-day life?
(Optional open response – e.g. physical health, mental wellbeing, confidence, work, relationships)

Section 3: Interest and Intentions

Q8. Which of the following best describes your experience with weight loss medication?

- I am currently using weight loss medication
- I have used weight loss medication in the past
- I have not used weight loss medication but have considered it
- I have not used weight loss medication and have not considered it

If "currently using" or "used in the past" → go to Section 5

Q9. If you have not used weight loss medication, how likely would you be to consider it in the future?

- Very likely
- Somewhat likely
- Not very likely
- Not at all likely

Q10. What factors might influence your decision to use weight loss medication?
(Select up to 3)

- Improving overall health
- Managing a medical condition
- Recommendation from a healthcare professional
- Difficulty losing weight through diet and exercise alone
- Improving confidence or how I feel about my appearance
- Other (please specify)

Section 4: Access and Availability

Q11. Where would you expect to access weight loss medication?

(Select all that apply)

- GP
- Specialist weight management service
- Pharmacy
- Private clinic
- Online provider
- Not sure

Q12. Have you ever tried to access weight loss medication through the NHS?

- Yes, successfully
- Yes, but I was not eligible or could not access it
- No, I was not aware it was available
- No, I have not tried

Q13. Have you ever paid privately for weight loss medication?

- Yes
- No
- Prefer not to say

Q14. How easy or difficult do you think it is to access weight loss medication through the NHS?

- Very easy
- Somewhat easy
- Somewhat difficult
- Very difficult
- Not sure

Q15. If you tried but could not access weight loss medication via the NHS, what were the main reasons?

(Open response)

Section 5: Experiences of Using Weight Loss Medication

(Only shown if Q8 = current or past use)

Q16. Overall, how satisfied were you with your experience?

- Very satisfied
- Somewhat satisfied

- Neutral
- Dissatisfied
- Very dissatisfied

Q17. Did you experience any side effects?

- Yes
- No
- Not sure
- Prefer not to say

Q18. If you answered 'yes' to question 17 - What side effects did you experience?
(Select all that apply)

- Nausea
- Vomiting
- Diarrhoea
- Constipation
- Stomach pain or cramps
- Bloating or gas
- Loss of appetite
- Headaches
- Dizziness
- Fatigue
- Dehydration
- Hair thinning or hair loss
- Changes in taste
- Other (please specify)

Q19. Did you lose weight?

- Yes, as expected
- Yes, more than expected
- Yes, less than expected
- No weight lost
- Weight gained

Q20. If you were dissatisfied, what were the reasons?
(Select all that apply)

- Did not lose as much weight as expected
- Weight loss was too slow
- Regained weight after stopping
- Side effects

- Medication was too expensive
- Difficult to access consistently
- Inconvenient to use
- Did not fit with my lifestyle
- Lack of support or follow-up
- Advised to stop by a healthcare professional
- Results plateaued
- Expectations did not match reality
- Other (please specify)
- Prefer not to say

Section 6: Attitudes and Concerns

Q21. What concerns, if any, do you have about weight loss medications?
(Select all that apply)

- Possible side effects
- Long-term health impact
- Cost
- Availability on the NHS
- Social stigma or judgement
- I have no concerns
- Other (please specify)

Q22. Have you ever felt judged or stigmatised when seeking support for your weight?

- Yes
- No
- Not sure

Q23. To what extent do you agree with the following statement:
"Prescription weight loss medications should be available through the NHS for people who meet clinical criteria."

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Section 7: Support and Improvements

Q24. What kind of support do you think should accompany weight loss medications?
(Select all that apply)

- Nutritional advice
- Exercise programmes
- Behavioural or psychological support
- Regular GP monitoring
- No additional support needed
- Not sure
- Other (please specify)

Q25. Who should provide this support?

- GP
- Specialist services
- Community services
- Online/digital support
- Not sure

Q26. What would improve access to weight management support in your area?
(Open response)

Q27. Is there anything else you would like to share?
(Open response)

Section 8: About You (Optional)

Q28. Age group

- Under 18
- 18–24
- 25–34
- 35–44
- 45–54
- 55–64
- 65+
- Prefer not to say

Q29. Gender

- Man
- Woman

- Non-binary
- Prefer to self-describe (please specify)
- Prefer not to say

Q30. Do you have any long-term health conditions?

- Yes
- No
- Prefer not to say

Q31. Ethnicity

White

- English, Welsh, Scottish, Northern Irish or British
- Irish
- Gypsy or Irish Traveller
- Roma
- Any other White background (please specify)

Mixed or Multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed or Multiple ethnic background (please specify)

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background (please specify)

Black, Black British, Caribbean or African

- African
- Caribbean
- Any other Black, Black British, or Caribbean background (please specify)

Other ethnic group

- Arab
- Any other ethnic group (please specify)

Q32. Postcode (first part only, e.g. MK40)

(Optional)

Q33. Employment status

- Employed
- Self-employed
- Unemployed
- Student
- Retired
- Other
- Prefer not to say

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