

Policy statement: severe and complex obesity (including bariatric surgery)

Adults

There are a range of services to support adults with severe and complex obesity, including bariatric surgery, and these form part of the Swindon obesity care pathway. The pathway is based on NICE obesity guidance (2006)¹ and NHS England Clinical Commissioning Policy: Complex and Specialised Obesity Surgery, (2013)².

Details of the different services, where they sit in the Swindon obesity care pathway and who commissions them are outlined in table 1 below. Details of eligibility and where to refer are detailed below this table.

Table 1: Adult obesity care pathway- definitions of the tiers, commissioners, services and patient journey

Obesity care pathway	Commissioning responsibility	Details of the service	Patient journey- what are the characteristics of service users?
Tier 1: Universal interventions (prevention & reinforcement of healthy eating and physical activity messages)	Local authorities are responsible for the provision of community based interventions which encourage healthy eating and physical activity	Include Swindon free health walks, cycling highways, cookery programmes and Change4Life promotions	Healthy weight, overweight or obese Entry self-referred; can be directed by health professionals Exit to either tier 2 or exit from pathway
Tier 2: Lifestyle services (identification and primary assessment)	Local authorities (LA) are responsible for commissioning lifestyle weight management services Local Authorities as lead agency	Free local programmes, for those who meet the referral criteria in the referral section below, are Dietbusters and Weight Watchers	Individual assessed to have high or very high health risks related to their body mass index and waist circumference (see table 2 below); needs personal directed intervention/s in the

¹ www.nice.org.uk/guidance/CG43

² www.england.nhs.uk/wp-content/uploads/2013/08/a05-p-a.pdf

	engaging CCG's and NHS		community Entry either self-referred or referred. Exit from pathway or to tier 1; continuation with tier 2 services or exit to tier 3.
<p>Tier 3: Specialist services (Specialist assessment)</p> <p>[Clearer guidance on the Tier 3 service commissioning responsibilities are being considered by NHS England.]</p>	CCGs as the primary commissioners for tier 3 services, engaging with LA and NHS as of 1 st April 2015.	<p>Tier 3a service- Intensive, specialist service-targeted weight management service for those who meet the referral criteria in the referral section below. All patients requesting bariatric surgery need to go to this service. This service is also for patients who do not want bariatric surgery, but who would like specialist weight management support.</p> <p>Tier 3b service- Specialist pre-bariatric surgery service for patients considering bariatric surgery; to assess patient's suitability for surgery and to manage expectations of surgery. Referral is through tier 3a. Tier 3 services are provided by the Great Western Hospitals NHS Foundation Trust. Tier 3 can also include those discharged from Tier 4.</p>	<p>An obese individual with complex needs who has not responded to previous tier interventions.</p> <p>Engagement in tier 3 does not automatically lead to surgery.</p> <p>Entry from either tier 2 or tier 4.</p> <p>Exit to either tier 1, 2 or tier 4 or exit from pathway.</p>
Tier 4: bariatric surgery and non-surgery	NHS England is responsible for the assessment and provision of surgery	NHS England specialist commissioners have commissioned a	<p>Entry- must have engaged with tier 3</p> <p>Exit to tier 3 (post op</p>

(Pre-op assessment)	in the short term. In recognising the benefits of integrated commissioning, NHS England to conduct an early consideration of the elements of tier 4 that should transfer to CCG commissioning in the medium term.	range of bariatric surgery providers- referral is through Tier 3 services.	support) or GP follow up.
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Adapted from: NHS England convened working group, March 2014. *Report of the working group into joined up clinical pathways for obesity 2013*³.

Eligibility criteria for Swindon obesity care pathway

Tier 1

Tier 1 services are universal services and programmes that are available in a community setting to which adults self-refer e.g. Swindon Borough Council travel programmes including school travel; community cookery programmes. Details are put on the GP Optimise system and in emails or e-newsletters to GPs and health professionals.

Tier 2

Tier 2 services are lifestyle weight management services, which are free to those who meet the inclusion criteria below. People who do not meet the criteria can be directed to local services for which they will have to pay. The locally commissioned services are Dietbusters and Weight Watchers.

Inclusion criteria

- aged 16 years and over **and**
- are assessed to have high or very high health risks related to their body mass index (BMI) and waist circumference as outlined in table 2 **and**
- are ready to tackle their weight **and**
- patients must meet one or more of the following criteria:
 - have type II diabetes
 - are eligible for free prescriptions
 - have a mild learning disability
 - are on the mental health register and are able to attend groups
 - awaiting elective hip or knee replacement surgery and BMI of 35 or more (do not need to comply with table 2 criteria)

³ www.england.nhs.uk/wp-content/uploads/2014/03/owg-join-clinc-path.pdf

Table 2: assessment of health risks related to overweight and obesity, NICE 2006

BMI classification (BMI ¹ kg/m ²)	Waist circumference ²		
	Low	High	Very high
Overweight (BMI 25-29.9)	No increased risk	Increased risk	High risk
Obesity (BMI 30 -34.9)	Increased risk	High risk	Very high risk

¹BMI does not take into account factors such as size of body frame, proportion of lean body mass, gender and age and is not a direct measure of obesity. Therefore these factors need to be considered when interpreting BMI.

²waist circumference is used to assess the risks associated with obesity in adults with a BMI less than 35m/kg² in conjunction with BMI:

- For men, waist circumference of less than 94cm is low, 94-102cm is high and more than 102cm is very high.
- For women, waist circumference of less than 80cm is low, 80-88cm is high and more than 88cm is very high.

Patients can only be referred once to a community weight management programme, except patients on the pilot hip and knee surgery project, who can be referred back to the programme by the NHS local referral management centre if the patients achieve threshold weight loss targets set with the referral management centre of 2.5% for each course.

Exclusion criteria

Patients are not eligible for this service:

- Where there is concern about their mental health, such as a presentation consistent with depression and/or an eating disorder, then patients should be referred by their GP to the Primary Care Liaison Service (based in Sandalwood Court, Highworth Road, Swindon SN3 4WF) for a mental health assessment following which a care pathway will be ascertained – this could include making an internal referral to the Recovery Team, signposting to LIFT Psychology, or suggesting a referral to Cotswold House)
- If they express that they are not ready to lose weight or do not wish to lose weight
- Pregnancy
- Breastfeeding

Referral to tier 2

Referral is through a health professional. GPs can refer through the GP Optimise IT referral system or please refer to Debbie Mitchell,

Adultweightmanagement@swindon.gov.uk, Adult Weight Management Co-ordinator,
Health Improvement Team, Leisure Services, Swindon Borough Council

Tier 3

Tier 3 services are specialist obesity services to support patients who have had morbid or severe obesity for at least 5 years. The service is for patients who request bariatric surgery as well as those who do not.

Referral to bariatric surgery is through the local tier 3 service in Swindon as the Public Health England policy on Complex and Specialised Obesity Surgery requires that patients have support to lose or stabilise weight as well as an assessment period prior to bariatric surgery.

Inclusion criteria

1. At initial referral by their GP, individuals should have a BMI of equal to, or greater than, 40 kg/m² OR
2. BMI of between 35 kg/m² and 40 kg/m² and other significant disease (for example, diabetes, high blood pressure, sleep apnoea/ obesity hypoventilation syndrome) that may be improved following weight loss.
3. Age 18 years or older

See point 3 below for an additional eligibility criterion- First line option for people with a BMI over 50kg/m² in whom surgical intervention is considered appropriate.

Individuals in eligibility criteria 1 & 2 must have participated in:

- Five or more years minimum of documented weight loss support which must involve:
- At least 6 different interventions to include:
 - Dietary and
 - Pharmacological (where appropriate) and
 - Physical activity (at least 30 minutes of at least moderate intensity activity on average each day, unless this is not possible due to a medical condition. This can be in small blocks e.g. 3 x 10 minutes and can include any activity that raises the heart rate and increases breathing rate such as walking or seated exercise) and
 - Behaviour modification therapies

These interventions can be from their GP or other primary care led service (e.g. community-based dietitians), or from other non-NHS weight reduction agencies which follow NICE obesity guidance or evidence based practice. Each intervention must have been followed for 3 months or more.

- This is followed by intensive weight management assessment and preparation for surgery for 12-24 months for patients with a BMI of less than 50kg/m² or a

minimum of 6 months for patients with a BMI over 50kg/m² (see point 3 below) in Great Western Hospitals NHS Foundation Trust's Tier 3 obesity specialist service.

- Patients attending the Tier 3 service who are found to be not suitable for surgery or who do not want surgery, can be discharged back to primary care with a plan to support their needs.
- Non-compliance with appointments and therapies offered in Primary Care and at the Tier 3 services will be seen as an indicator of the likelihood of non-compliance with essential dietary and nutritional regimes that are required following surgery, and will therefore exclude patients from proceeding for consideration of bariatric surgery.

3. Additional eligibility criterion for bariatric surgery:

Bariatric surgery is recommended as a first-line option (instead of lifestyle interventions or drug treatment) for adults with a BMI of more than 50kg/m² in whom surgical intervention is considered appropriate, therefore these patients do not need to provide five or more years minimum of documented weight loss support.

Patients with a BMI of more than 50 kg/m² can be referred straight to the Tier 3 intensive specialist weight management service for lifestyle preparation for bariatric surgery. These patients are required to attend this service as evidence from the UK National Bariatric Surgery Registry first report published in 2011⁴ shows that patients with the highest BMIs have the worst outcomes from bariatric surgery and specialist bariatric surgeons in the South West will not operate on patients with a high BMI unless they demonstrate that they have made positive lifestyle changes before consideration of surgery.

For all 3 eligibility criteria, patients will only be referred for consideration of bariatric surgery

- if, following comprehensive assessment, there is agreement by all members of the multidisciplinary team that the patient will derive maximum long-term health benefits from bariatric surgery;
- if appropriate healthcare professionals have provided pre-operative counselling, and individuals have discussed in detail with the clinician responsible for their treatment (hospital specialist and/or bariatric surgeon)
 - the potential benefits of surgery;
 - the risks of surgery, including complications and the risk of postoperative mortality;
 - the life-time implications of surgery including the need for long-term follow up, and compliance with postoperative dietary and nutritional guidance;
- if postoperative counselling has been arranged with appropriate healthcare professionals

⁴ Welbourn R, Flennes A, Kinsman R and Walton P, (2011). First registry report to March 2010. UK National Bariatric Surgery Registry, available from- www.nbsr.org.uk/NBSR-report-2010.pdf

Referral to tier 3

GPs must complete the referral form in appendix 1. Details of where to send the referrals are on the form.

Tier 4

Tier 4 services are bariatric surgery services. Details of the NHS England Specialist Commissioners Clinical Commissioning Policy: Complex and Specialised Obesity Surgery, 2013 are available from the footnote point 2 on the bottom of page 1 of this document.

Revisional procedures: The NHS England policy states that 'a separate policy will need to be developed for revisional procedures'. In the interim patients who have complications as a result of their surgery should be referred back to the surgeon who carried out their surgery (whether NHS or privately funded) in the first instance.

Referral to tier 4

Referral is through the tier 3 service- see referral form in appendix A.

Patients must also be informed that Swindon CCG will not routinely fund:

- cosmetic procedures (such as abdominoplasty) to remove excess skin folds that may result from rapid weight loss or
- the drug Exenatide as part of obesity management

Post-Surgical Care

The NHS England Specialist Commissioners Clinical Commissioning Policy: Complex and Specialised Obesity Surgery, 2013 states that:

The bariatric surgical provider will be responsible for the organisation of structured, systematic and team based follow-up for 2 years. Just before this period is finished the surgical provider will make arrangements to hand over care to the tier 3 service.

Life-long follow up in tier 3 or tier 4 services: Life-long specialist follow up is also advocated although will usually be provided by the Tier 3 / 4 services. Such an approach will monitor weight loss outcomes, complications, adherence to iron, vitamin D/Calcium and Vitamin B12 supplementation, facilitate clinical suspicion of specific or combined micronutrient deficiencies leading to appropriate laboratory tests for confirmation. Psychological input, management of comorbidities, dietary and lifestyle advice and liaison with general practice will also be other functions of the follow up process.

Life-long follow up in primary care: There are occasions when patients are followed up in primary care. GPs are advised to follow the BOMSS (British Obesity and Metabolic Surgery Society) 'Guidelines on perioperative and postoperative biochemical monitoring and micronutrient replacement for patients undergoing bariatric surgery: September 2014' available from www.bomss.org.uk/wp-content/uploads/2014/09/BOMSS-guidelines-Final-version1Oct14.pdf

Private Patients

- Patients who have received bariatric surgery on a private basis can request follow up and/or gastric band adjustments at the Great Western Hospital specialist obesity service - see referral form in appendix 2.
- Swindon CCG will not reimburse the patient for any bariatric surgery or other private treatment received as a private patient before a request is made to move back into the NHS.
- Patients will not be given preferential treatment by virtue of having part of their treatment privately.

Children and young people's services

Swindon CCG will not normally fund bariatric surgery for children and young people (under 18 years of age). In exceptional circumstances, an application for funding for bariatric surgery for a child/young person should be submitted to the Central Southern Clinical Support Unit Individual Funding Request Panel-

www.fundingrequestscentralsouthern.co.uk/swindon/

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From Swindon Clinical Commissioning Group: Tracey Bridgman, Referral Support Centre Manager; Anna Field, Assistant Director of Commissioning

From Central Southern Clinical Support Unit: Tiina Korhonen, Clinical Effectiveness Manager.

From Swindon Borough Council: Cherry Jones, Acting Director of Public Health; Gladys Barr, Service Manager - Sports Development & Partnerships, Leisure Services (whose team provides tier 2 weight management services for Swindon); Debbie Mitchell, Health Improvement Programme Coordinator (Adult Weight Management), Leisure Services; Carole Jones, Health Improvement Programme Manager, Leisure Services.

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Appendix 1: Specialist obesity referral form pre bariatric surgery
(Referral is only by a Swindon CCG GP)

Assessment checklist for patients to be referred to Great Western Hospitals NHS Foundation Trust's intensive, specialist weight management service

This obesity treatment service is for patients with severe and complex obesity who:

- have a BMI of 35kg/m² or more and co-morbidities
- have a BMI of 40 kg/m² or more and no co-morbidities
- meet the criteria outlined in table 1 or 2 below

It is for patients who would like to consider bariatric surgery as well as patients who do not want bariatric surgery, who would like additional support to lose weight.

Section 1: Referring GP's details

Name of Referring GP:	Date of Referral:
Surgery address:	

Section 2: Patient Details

Name of Patient:	Date of Birth:
Patients Address:	
Patient's telephone number:	
Patients weight at time of referral:	Patients height at time of referral:
Patients BMI at time of referral:	

Section 3: Policy Details

There are different referral criterion for referral depending on a patient's BMI:

1. BMI of 35- 50 kg/m² and co-morbidities, please complete table 1
2. BMI of 40- 50 kg/m² and no co-morbidities, please complete table 1
3. BMI of 50+ kg/m², please complete table 2

Table 1: Assessment checklist

Please complete the following policy checklist **before** referring your patient to the intensive specialist obesity clinic; for patients with a BMI 35 -50 kg/m² with co-morbidities; or BMI 40 -50 kg/m² with no co-morbidities.

		Yes	No
Is the patient age 18 years or over			
Does the patient have a body mass index equal or greater than 40 kg/m ² or equal or greater than 35kg/m ² with co-morbidities that could be improved by weight loss ¹ ?			
¹ Which co-morbidities if BMI equal or greater than 35kg/m ² ? <ul style="list-style-type: none"> • Hypertension • Type II diabetes • Sleep apnoea • Dyslipidaemia • Established cardiovascular disease • Other co-morbidity- please state 			
In accordance with Swindon CCG policy on severe and complex obesity, the patient must have tried at least 6 different weight loss interventions, for at least 3 months for each intervention, over the last 5 years at least before they can be referred to the intensive specialist weight management service ¹ . Therefore please complete below the previous interventions tried and attach any documented evidence to support this case.			
Intervention	Start Date	End Date	Evidence (please tick if attached)
1.			
2.			
3.			
4.			
5.			
6.			

Signed & dated by referring clinician

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Table 2 Assessment check:

Please tick this box to confirm that your patient is aged 18 years or over and has a BMI of 50+ kg/m ² and would like to attend the intensive specialist clinic	
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Signed & dated by referring clinician

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Please attach this form when referring your patient to the intensive specialist obesity clinic. Any referrals which do not include this form will be returned to you for completion.

Reference

¹ *The following examples are interventions that could be included:-*

- *Local/ National Weight Management Groups/ Dietary Products e.g. Rosemary Conley, Weight Watchers, Slimming World, Slimfast.*
- *Seeing a practice nurse or dietitian individually for weight management advice and support*
- *Participating in an Exercise on Referral scheme (in Swindon it is called “Steps to Health”)*
- *At least one type of physical activity (that add up to at least 30 minutes per day, this can be in small blocks such as 3 x 10 minutes) e.g.*
 - *Walking in a group or individually e.g. free Swindon Borough Council funded walking groups are available*
 - *Leisure centres/gyms that offer individualised programmes or seated exercise for which patient will need to pay*
 - *Green gym – doing organised outdoor work such as conservation with a warm-up and a cool down*

¹ *Evidence can be a signed letter from a range of people e.g. patients clinician (for drugs), dietitian, practice nurse, weight management or physical activity group leader*

Please send to:

Nutrition and Dietetic Department, the Great Western Hospital, Marlborough Road, Swindon, SN3 6BB

Appendix 2: Specialist obesity referral form post bariatric surgery
(Referral is only by a Swindon CCG GP)

**Assessment Checklist for Patients to be referred to Great Western Hospitals
NHS Foundation Trust's**

Specialist post-bariatric surgery service: private patients

Patients who have received bariatric surgery on a private basis can request follow up or band adjustments at the post-bariatric surgery service

Section 1: Referring GP's details

Name of Referring GP:	Date of Referral:
Surgery address:	

Section 2: Patient Details

Name of Patient:	Date of Birth:
Patients Address:	
Patient's telephone number:	
Patients weight at time of referral:	Patients height at time of referral:
Patients BMI at time of referral:	

Signed & dated by referring clinician

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Please attach this form when referring your patient to the intensive specialist obesity clinic. Any referrals which do not include this form will be returned to you for completion.

Please send to: Gill Grand, Administrator, Osprey Unit, Level 3, The Great Western Hospital, Marlborough Road, Swindon, SN3 6BB