BARIATRIC SURGERY SERVICES POLICY

Please note that all Central Lancashire Clinical Commissioning Policies are currently under review and elements within the individual policies may have been replaced by the pan Lancashire Clinical Commissioning Policies listed on the webpage. Please ensure that relevant pan Lancashire Clinical Commissioning Policies are read in conjunction with this Central Lancashire Clinical Commissioning Policy.

<table>
<thead>
<tr>
<th>POLICY REFERENCE NUMBER</th>
<th>DCCE08</th>
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</thead>
<tbody>
<tr>
<td>AUTHOR</td>
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<td>LEAD DIRECTOR NAME</td>
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<tr>
<td>CONSULTATION PROCESS</td>
<td>Clinical Executive Committee 01 April 2010 PCT Board 22 April 2010 (Chairs Action 22 July 2010)</td>
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<tr>
<td>EQUALITY IMPACT ASSESSMENT</td>
<td>YES√ NO</td>
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<tr>
<td>ENVIRONMENTAL IMPACT ASSESSMENT</td>
<td>YES NO</td>
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<td>BRIEF SUMMARY OF THE POLICY</td>
<td>This policy applies to the commissioning of services for those individuals who request bariatric surgery. Implementation of the policy ensures that priority for surgical intervention is given to those with greatest need.</td>
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| FINANCIAL RISK
If yes, please add comments | YES√ NO |
| Comments | The demand for bariatric surgery is increasing. The policy forms the keystone of robust processes to ensure that financial balance is achieved at the end of the year. |
| REPUTATIONAL RISK
If yes, please add comments | YES√ NO |
| Comments | Access to surgery is limited to those patients who fulfil the criteria |
| WORKFORCE IMPLICATIONS
If yes, please add comments | YES NO |
| Comments | |
| APPROVING COMMITTEE(S) AND DATE | CEC April 2010 |
| RATIFICATION DATE | Chairs Action July 2010 |
| REVIEW DATE | July 2012 |
The NHS Central Lancashire is committed to ensuring that, as far as it is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on the basis of their ethnic origin, physical or mental abilities, gender, age, religious beliefs or sexual orientation.

Should a member of staff or any other person require access to this policy in another language or format (such as Braille or large print) they can do so by contacting the communications department or the relevant policy holder. NHS Central Lancashire will do its utmost to support and develop equitable access to all policies.

Managers are responsible for ensuring staff within their area of responsibility are aware of NHS Central Lancashire policies and that staff adhere to them.

Managers are responsible for ensuring that a system is in place for their area of responsibility that keeps staff up to date with new policy changes.

Staff are responsible for ensuring they are familiar with policies, know where to locate the documents on the PCT’s website, and seek out every opportunity to keep up to date with NHS Central Lancashire policies.

Independent contractors are expected to identify a lead person to be responsible for ensuring staff employed within their practice are aware of NHS Central Lancashire policies.

This policy is individual to NHS Central Lancashire. NHS Central Lancashire does not accept any liability to any third party that adopts or amends this policy.
1. **INTRODUCTION**

This is the policy of NHS Central Lancashire to commission bariatric surgery services. Bariatric surgery is part of the weight management pathway used to aid weight reduction for people with severe obesity when non-surgical weight loss has not been achievable.

This type of surgery should be reserved for patients in whom all intensive efforts at non-invasive weight reduction have failed. It is not indicated for adults with transient increases in weight and the severe obesity should have been present for at least 5 years. Priority will be given to those with greatest need.

This policy is written in recognition of service agreements that exist for the provision of bariatric surgery procedures and describes eligibility criteria for these procedures. Patients may satisfy the criteria, or may be confirmed as exceptions by NHS Central Lancashire on an individual patient basis.

1.1 **Scope**

This policy applies to the commissioning of services for those individuals who request bariatric surgery. Exceptional circumstances are considered when funding requests are received.

This policy applies to patients who are registered with a Central Lancashire General Practitioner.

1.2 **Principles**

The principles that underpin this policy include the need for NHS Central Lancashire to commission interventions that are evidence-based, based on need and equitably accessible.

The principles are outlined in more detail in a separate policy entitled: ‘The Ethical Framework Policy for commissioning individual patient funding requests.’

**Exceptionality**

The Panel will consider the exceptionality of the case when considering funding requests. For the purposes of the policy, exceptionality is taken to mean that the patient is different in their needs compared to other patients with a similar condition requiring an intervention.

2. **BARIATRIC SURGERY SERVICES POLICY**

2.1 In considering funding requests for bariatric surgery NHS Central Lancashire Commissioning Panel (the Panel) will adhere to The ‘Health Act November 2009’. The Health Act places a legal duty on NHS organisations to have regard for the ‘NHS Constitution published by the Secretary of State in..."
2.2 The NHS Constitution gives patients a right to:

- drugs that have been recommended by NICE, and
- expect local decisions on funding of other drugs to be made rationally following a proper consideration of the evidence.

The NHS Constitution aims to address perceptions that national variations in the availability of important treatments can sometimes occur at random, rather than as the result of a clear and conscious commissioning process. The suggestion is that access to high cost drugs is affected as much by the process of commissioning decisions as by issues of prioritisation, clinical and cost effectiveness, etc.

2.3 These rights are linked to World Class Commissioning Competencies:

- Prioritise investment according to local needs, service requirements and the values of the NHS (Competency 6) and,
- Lead continuous and meaningful engagement of all clinicians to inform strategy and drive quality, service design and resource utilization (Competency 4.)

2.4 The panel will comply with the NHS Directions which requires PCTs to:

- have arrangements in place for making decisions and adopting policies on health care interventions, including arrangements for dealing with Individual Funding Requests
- take account of guidance and principles published by the Secretary of State
- give reasons in writing for policies and for Individual Funding Request refusals
- publish clear information about local arrangements on the PCT website.

2.5 The guidance and principles have been published in summary form on the Department of Health website and in more detail in guidance published by the National Prescribing Centre.
3. IMPLEMENTATION

Bariatric surgery to assist weight reduction is regarded as a specialist, tertiary service in the guidance established by NICE and by the Department of Health. It is considered a complex intervention of last resort, therefore only appropriately trained and experienced surgeons working within multidisciplinary specialist teams should undertake the surgery after all other attempts to manage weight loss have been exhausted in line with NICE Guidance.

Individuals are defined to have severe obesity if they have a body mass index (BMI) either equal to or greater than 40kg/m² and if their BMI is between 35kg/m² and 40kg/m² in the presence of significant medical conditions that could be improved by weight loss such as: cardiovascular disease, hypertension, type 2 diabetes, cancer, musculo-skeletal disease, reproductive disorders and respiratory disorders. However, NHS Central Lancashire has agreed a higher threshold which is set out in section 3.1

3.1 Inclusion Criteria

People who are severely obese will have surgery to aid weight loss only after they have had a full assessment by the specialist and other healthcare professionals involved in their care.

This type of surgery should be reserved for patients in whom all intensive efforts at non-invasive weight reduction have failed. It is not indicated for adults with transient increases in weight and usually obesity has been present for at least 5 years

Surgery will only be considered as a treatment option for people with severe obesity providing all of the following criteria are fulfilled:

- A BMI of 50 kg/m² or greater in the absence of co-morbidity.

OR

- A BMI of 45kg/m² or greater in the presence of serious co-morbidity which may be amenable to treatment if obesity is modified by surgery. These conditions include:
  - Type II diabetes, especially severe, uncontrolled diabetes;
  - Severe obstructive sleep apnoea and obesity hypoventilation syndrome;
  - Obesity related cardiomyopathy;
  - Clinically unmanageable hypertension;
  - Established coronary heart disease; for example a history of myocardial infarction in the past 6 months;
- Cerebrovascular pathology, for example a history of transient ischaemic attacks or stroke (if good functional recovery) in the past 6 months;
- Obesity related pulmonary hypertension;
- Other co-morbid conditions which have been agreed by the PCT as exceptional, for example Pickwickian syndrome, on an individual patient basis and/or a condition which requires surgery at the same time as bariatric surgery (e.g. hernia repair, cholecystectomy or severe gall bladder disease);
- Or a condition which needs surgery or complex technological intervention as soon as possible after bariatric surgery e.g. hip or knee replacements i.e. where obesity is preventing other treatments.

- The individual has been receiving and complied with a specialist weight management programme in a specialised hospital obesity clinic or community based equivalent within the last 12 months

AND

- The individual has engaged with a specialist dietician for a period of at least 6 months within the last 12 months but has failed to maintain significant weight loss (i.e. greater than or equal to 10%)

- The individual is aged 18 years or over

- There is evidence within the last 12 months that the patient has tried 6 months of appropriate pharmacotherapy that has failed unless there is clinical evidence of contra-indications

- There are no specific clinical or psychological contraindications to this type of surgery

- The individual is generally fit for anaesthesia and surgery

- The individual is committed to the need for follow-up by a doctor and long-term compliance with an altered lifestyle and dietary habit post-operatively.

Clearly there is a potential to create a perverse incentive to fail a weight management programme as a route to bariatric surgery. In view of this, referrers should be able to clearly identify the causes of failure and comment on any likely impact these factors may have on enduring post-operative weight loss and compliance with an altered lifestyle and dietary habit.

Surgery will only be offered if:

- The above criteria are met to the satisfaction of the patient’s GP and/or Specialist Medical Obesity Clinic, the PCT responsible for the patient and the provider of the surgery;
• The person (and their family if appropriate) with severe obesity has discussed in detail with the clinician responsible for their treatment (that is, the hospital specialist and/or bariatric surgeon) the potential benefits and longer-term implications of surgery, as well as the associated risks, including complications and perioperative mortality;

• The patient has realistic expectations of the outcomes of surgery, and understands that long-term commitment and dietary compliance is required;

• The patient understands that cosmetic plastic procedures to remove excess skin folds are not routinely funded by NHS Central Lancashire. It should be noted that following surgery, maximum weight loss occurs one to two years after the procedure;

• The provider of the service has undertaken a comprehensive, multi-disciplinary assessment of the individual; and arrangements have been made for appropriate healthcare professionals (e.g. a psychologist or appropriately supported, supervised and trained nurse with experience of cognitive behavioural therapies (CBT)) to provide pre-operative and postoperative counselling and support to the individual.

• The choice of intervention is made jointly with the person, taking into account:
  - the degree of obesity.
  - co-morbidities.
  - evidence on short term and long term outcomes of Bariatric surgery.
  - different techniques available and their relative efficacy.
  - facilities and equipment available.
  - experience of the surgeon who would perform the operation.
  - compliance with post-operative follow up and dietary requirements.

The decision ultimately lies with the patient who should be provided with all the relevant facts in order to make an informed choice.

Only referrals meeting these criteria should be funded by the NHS. No referrals outside of this process will be approved, including direct GP or consultant-to-consultant referrals.

NHS Central Lancashire will consider requests for surgery in regard to patients who meet the NICE criteria but fall outside of the priority groups referred to above.
Line Managers will ensure that all staff involved in processing commissioning requests in Public Health, Health Standards and Commissioning Directorates will follow the policy.

This policy will be available to all General Practitioners and service providers.

The policy will be available to the public from the NHS Central Lancashire website.

3.2 Monitoring and Compliance
Any breaches to this policy will be monitored through the Commissioning Appeals Process and reported to the Governance Committee.

4 REFERENCE DOCUMENTS


www.dh.gov.uk/en/Managingyourorganisation/Commissioning/DH_093414


5 GLOSSARY
None