

Complex Obesity Surgery CRITERIA BASED ACCESS (CBA) POLICY

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Application Form	EBI Generic application form if appropriate to apply

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Section	CONTENTS	Page
	Version Control	1
1	General Principles	2
2	Policy Criteria	2 – 3
3	Risks of weight loss surgery	3 – 4
4	BMI Definitions	4 - 5
5	Audit Requirements	5
6	Evidence Based Interventions Panel Application Process	5 - 6
7	Access To Policy	6
8	References	6

VERSION CONTROL

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DOCUMENT CHANGE HISTORY

Version	Date	Comments
1516 v1	January 2019	3 yearly review of policy
1819.v1a	June 2020	Update template, rebranding from IFR to EBI, 3 year review no amendments
2021.v2	July 2022	Amendment from SCCG to NHS Somerset ICB. New PALS email address
2223.v2a	March 2023	Wording change 6.6
2223.v2b	July 2023	3-year review. Adoption of NHS E EBI List 3 criterion
2324.v3	June 2024	Amendment to website link and clinical exceptionality wording on 6.6

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	April 2018
Quality Impact Assessment QIA. Date:	March 2018
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1 GENERAL PRINCIPLES (CBA)

- 1.1 Treatment should only be given in line with these general principles. Where patients are unable to meet these principles, in addition to the specific treatment criteria set out in this policy, funding approval may be sought from the ICB's Evidence Based Interventions Service (EBI) by submission of an EBI application form
- 1.2 Clinicians should assess their patients against the criteria within this policy prior to a referral and/or treatment
- 1.3 Treatment should only be undertaken where the criteria have been met and there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where the patient has previously been provided with the treatment with limited or diminishing benefit, it is unlikely that they will qualify for further treatment
- 1.4 Referring patients to secondary care without them meeting the criteria or funding approval not secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment
- 1.5 On limited occasions, the ICB may approve funding for an assessment only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patients meets the criteria to access treatment in this policy
- 1.6 Patients should be advised being referred does not confirm that they will receive treatment or surgery for a condition as a consent discussion will need to be undertaken with a clinician prior to treatment
- 1.7 The policy does not apply to patients with suspected malignancy who should continue to be referred under 2 week wait pathway rules for assessment and testing as appropriate
- 1.8 Patients with an elevated BMI of 30 or more may experience more post-surgical complications including post-surgical wound infection so should be encouraged to lose weight further prior to seeking surgery.
<https://www.sciencedirect.com/science/article/pii/S1198743X15007193>
(Thelwall, 2015)
- 1.9 Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing

2 POLICY CRITERIA – CRITERIA BASED ACCESS (CBA)

- 2.1 This guidance applies to those aged 18 years and over.

- 2.2 For patients with a BMI of 50 or more, surgery should be considered as a first line treatment intervention.

Referral for bariatric surgery

- 2.3 Patients with a BMI less than 50 should be referred for consideration of bariatric surgery if they meet the following criteria:

- a) The patient has a BMI of 40 kg/m² or more, or between 35 kg/m² and 40 kg/m² with significant obesity-related complications likely to improve with weight loss (for example, type 2 diabetes, sleep apnoea or hypertension) **OR**
- b) The patient has a BMI of 30 kg/m² or more with type 2 diabetes of less than 10 years duration. This BMI threshold should be reduced to 27.5 kg/m² if the patient is of Asian family origin.

- 2.4 All patients being considered for bariatric surgery must also meet the following criteria:

- a) Appropriate non-surgical measures have been tried but the patient has not achieved or maintained adequate, clinically beneficial weight loss **AND**
- b) The patient has been receiving or has been considered for referral to tier 3 services. For more information on tier 3 services, please refer to NICE CG189 and/or NHS England's report of the working group into joined up clinical pathways for obesity and The Royal College of Surgeons Weight Assessment and Management Tier Services Commissioning Guide **AND**
- c) The patient is otherwise fit for anaesthesia and surgery **AND**
- d) The patient commits to long-term follow-up **AND**
- e) The patient and clinician have undertaken appropriate shared decision-making consultation regarding undergoing surgery including discussion of risks and benefits of surgical intervention

- 2.5 After surgery, the host bariatric surgery unit should follow up with the patient for two years. Thereafter, responsibility for lifelong annual reviews, monitoring and follow up should be shared care between specialist team and GP practice.

3 Risks and benefits of weight loss surgery

Weight loss surgery carries a small risk of complications, these include

- being left with excess folds of skin – patient may want further surgery to remove these and it is not routinely commissioned by NHS Somerset ICB.
- Not getting enough [vitamins and minerals](#) from diet – patients will probably need to take supplements for the rest of their life after surgery
- [gallstones](#) (small, hard stones that form in the gallbladder)
- a blood clot in the leg ([deep vein thrombosis](#)) or lungs ([pulmonary embolism](#))
- the gastric band slipping out of place, food leaking from the join between the stomach and small intestine, or the gut becoming blocked or narrowed

Before having surgery, all patients should give informed consent following speaking to their surgeon about the possible benefits and risks of the procedure.

Read more about the [risks of weight loss surgery](#).

Examples of common health conditions that can improve after bariatric surgery

Some conditions that can improve after bariatric surgery include:

- cardiovascular disease
- hypertension
- idiopathic intracranial hypertension
- non-alcoholic fatty liver disease with or without steatohepatitis
- obstructive sleep apnoea
- type 2 diabetes

These examples are based on the evidence identified for this guideline and the list is not exhaustive.

4 BMI Definitions

For most adults, if your BMI is:

- below 18.5 – you're in the underweight range
- 18.5 to 24.9 – you're in the healthy weight range
- 25 to 29.9 – you're in the overweight range
- 30 to 39.9 – you're in the obese range
- 40 or above – you're in the severely obese range

If you have a South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family background you'll need to use a lower BMI score to measure overweight and obesity:

- 23 to 27.4 – you're in the overweight range
- 27.5 or above – you're in the obese range

<https://www.nhs.uk/conditions/weight-loss-surgery/>

4.1 **Risks of Living with Obesity**

Obesity is a serious health concern that increases the risk of many other health conditions.

- [Type 2 diabetes - NHS \(www.nhs.uk\)](#)
- [Coronary heart disease - NHS \(www.nhs.uk\)](#)
- Some types of cancer, such as [breast cancer](#) and [bowel cancer](#)
- [Stroke - NHS \(www.nhs.uk\)](#)

Living with overweight and obesity can also affect the patient's quality of life and contribute to mental health problems, such as [depression](#), and can also affect self-esteem.

5 **AUDIT REQUIREMENTS**

Mandatory compliance by Bariatric Surgery providers with National Bariatric Surgery Registry requirements, including 100% provision of required data

6 **EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS**

- 6.1 Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or Consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy
- 6.2 Completion of a **Generic EBI Application Form** by a patient's GP or Consultant is required
- 6.3 Applications cannot be considered from patients personally
- 6.4 Only electronically completed EBI applications will be accepted to the EBI Service
- 6.5 It is expected that clinicians will have ensured that the patient, on behalf of who they are forwarding the application for, is appropriately informed about

the existing policies prior to an application to the EBI service. This will reassure the service that the patient has a reasonable expectation of the outcome of the application and its context

- 6.6 EBI funding application are considered against clinical exceptionality. To eliminate discrimination for patients, **social, environmental, workplace, and non-clinical personal factors cannot be taken into consideration.**

For further information on 'clinical exceptionality' please refer to the NHS Somerset ICB EBI webpage [Evidence Based Interventions - NHS Somerset ICB](#) and click on the section titled Generic EBI Pathway.

- 6.7 Where appropriate photographic supporting evidence can be forwarded with the application form

- 6.8 An application put forward for consideration must demonstrate some unusual or unique clinical factor about the patient that suggests they are exceptional as defined below:

- Significantly different to the general population of patients with the condition in question
- Likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition

7 ACCESS TO POLICY

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on Telephone number: 08000 851067

Or write to us: NHS Somerset ICB, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email us:** somicb.pals@nhs.net

8 REFERENCES

- 8.1 NICE guideline CG189 <https://www.nice.org.uk/guidance/cg189>
- 8.2 Academy of Medical Royal Colleges EBI List 3 Guidance <https://ebi.aomrc.org.uk/interventions/referral-for-bariatric-surgery/>