

Referral for Bariatric Surgery Surgical Threshold Policy

This policy covers

Tier 3 weight management and Bariatric Surgery Assessment. Bariatric surgery services include operations for gastric banding gastric bypass, sleeve gastrectomy and duodenal switch.

Referring and treating clinicians should ensure compliance with this policy.

Referral proforma MUST be attached to the patient notes as evidence of compliance.

If criteria not met, use the exceptional funding section of the [referral proforma](#) to apply for funding.

Patients may be referred to Tier 3 weight management if they have:

- BMI >40 kg/m². **OR**
(BMI = Body Mass Index - defined by weight in kilograms divided by the square of height in metres (kg/m².)
- BMI >35 kg/m² with other significant disease that could be improved with weight loss (diabetes or hypertension, for example). **OR**
- Are an obese individual with complex needs who has not responded to previous Tier interventions.

Cambridgeshire and Peterborough Tier 3 Weight Management Service: Everyone Health -

<https://everyonehealth.co.uk/service/adult-weight-management/>

Telephone: 0333 005 0095

Bariatric Surgery is an integral part of the management of severe obesity in selected patients where other forms of weight reduction management have been unsuccessful. Referral to specialist providers of bariatric surgery will be made directly from Tier 3 obesity management services on the recommendations of a specialist multi-disciplinary team (MDT) which includes a Consultant in Obesity Management and after a patient has completed Tier 3 management including physical and psychological assessment and preparation for the surgery.

CCG referral criteria for Bariatric Surgery Assessment

The MDT assessing patients for referral for Bariatric Surgery will ensure that patients fulfil the following criteria:

BMI >40 kg/m². **OR**

BMI >35 kg/m² with other significant disease (such as type 2 diabetes or hypertension) that could be improved with weight loss.

Consider expediting people with BMI >35 kg/m² with recent onset type 2 diabetes*.

AND, ALL of the following:

- age over 18 years old; **AND**
- all appropriate non-surgical measures have been tried; **AND**
- the person has received and completed intensive management in a specialist (Tier 3) obesity service for 12 months (BMI<50 kg/m²) or 6 months (BMI>50 kg/m²); **AND**
- the person has attended ≥80% of required Tier 3 weight management sessions; **AND**
- decision for suitability for bariatric surgery has been made after discussion between the Tier 3 obesity service and Tier 4 surgery service.

*Consider assessment of people of Asian (South Asian or Chinese) origin at a 2.5kg/m² reduced BMI¹

For patients in whom bariatric surgery is required without prior weight management at Tier 3 (eg for appropriate cancer intervention), patients should be referred to the Tier 3 obesity service in the first instance and an urgent request for exceptional funding made.

Smoking Advise people who smoke to attempt to stop smoking and refer to stop-smoking services – [see stop smoking policy](#)

Bariatric Surgery Follow-up Care

The bariatric surgical provider is responsible for the organisation of structured, systematic and team-based follow-up of patients for 2 years post-surgery.

After discharge from bariatric surgery service follow-up, all people should be offered monitoring of nutritional status and appropriate supplementation according to need in line with recommendations made in NICE clinical guidelines 189¹.

Cosmetic procedures (eg abdominoplasty) to remove any excess skin folds that may result from rapid weight loss should not be routinely funded post bariatric surgery.

Patients treated privately for bariatric surgery will only be eligible for NHS Tier 3 weight management service if they met the criteria for access to Tier 3 services at the time of their bariatric surgery.

Evidence and references to support this policy are available in [Part 2](#) of this policy.

Policy effective from	Reviewed policy ratified by CCG CG on 11 May 2021 Reviewed policy approved by IPAC 27 April 2021 Reviewed policy approved cy CPF 8 March 2021 May 2021
Policy to be reviewed:	May 2023
Reference:	onedrive:\CPF Pols & Working Area\Surg Threshold Pols\CCG Policies\Bariatric Surg\Agreed\ BARIATRIC SURGERY MAY 2021 V2 – CRITERIA PART 2