

Part 2: Evidence and References

[\(Policy Part 1\)](#) Bariatric Surgery Surgical Threshold Policy

Rational and Evidence

NICE recommend that surgery to aid weight reduction for adults with morbid/severe obesity should be considered (when there is recent and comprehensive evidence that) an individual patient has fully engaged in a structured weight loss programme; and that all appropriate non-invasive measures have been tried continuously and for a sufficient period; but have failed to achieve and maintain a clinically significant weight loss for the patient's clinical needs (NICE CG43). They recommend that the patient should have been adequately counselled and prepared for bariatric surgery.

The surgical procedures are known to result in significant and sustainable weight loss within 1-2 years, as well as reductions in co-morbidities and mortality^{1, 2}.

- Commissioning responsibility for bariatric surgery services transferred to the CCG from NHS England on 1 April 2017³.
- NICE Guidelines CG43 and CG189 (Nov 2014) provide guidance for managing obesity including criteria for progressing treatment to bariatric surgery.
- Only once patients have successfully completed an intensive obesity management (Tier 3 service) can they be referred for bariatric surgery under NICE guidelines.
- A Health Policy Support Unit report (2011) summarising NICE and SIGN guidelines⁴ concluded that bariatric surgery is the most effective treatment for morbid obesity, producing durable weight loss, improvements or remission of co-morbid conditions and longer life.
- Bariatric surgery consistently improved weight and diabetic outcomes compared to non-surgery in people with recent onset Type 2 Diabetes (NICE CG 189).
- Life-long follow up will ensure that weight loss outcomes, micronutrient deficiencies and any surgical complications are monitored as well as adherence to iron, vitamin D/Calcium and Vitamin B12 supplementation. Psychological input, management of comorbidities, dietary and lifestyle advice and liaison with general practice will also be necessary as part of the follow up.

References

1. NICE Clinical Guidance CG189 and NICE Public Health Guidance 46. Obesity: identification, assessment and management of overweight and obesity in children, young people and adults. Nov 2014. <https://www.nice.org.uk/guidance/cg189>; BMI: preventing ill health and premature death in Black, Asian and other minority ethnic groups. July 2013. <https://www.nice.org.uk/guidance/ph46/chapter/1-Recommendations>
2. NHS Commissioning Board. Clinical Commissioning Policy: Complex and Specialised Obesity Surgery April 2013, <https://www.england.nhs.uk/wpcontent/uploads/2013/04/a05-p-a.pdf>.
3. Arrangements for the transfer of commissioning responsibility for renal dialysis and morbid obesity surgery services from NHS England to Clinical Commissioning Groups Government response to consultation, Dept of Health January 2015.
4. Managing Obesity SIGN 2010: <http://www.sign.ac.uk/pdf/sign115.pdf>.

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